

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

ADDRESS (number and street) 330 WEST 42ND STREET, 7TH FLOOR Check if different than previously reported. (ACC) NEW YORK NY 10036

2. FEC IDENTIFICATION NUMBER C C00348540 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 / 01 / 2011 through 12 / 31 / 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer KEVIN FINNEGAN

Signature of Treasurer KEVIN FINNEGAN [Electronically Filed] Date 01 / 31 / 2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		1838105.67
(b) Cash on Hand at Beginning of Reporting Period.....	1850073.36	
(c) Total Receipts (from Line 19) .....	3623219.91	7141394.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5473293.27	8979499.72
7. Total Disbursements (from Line 31).....	3284640.03	6790846.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2188653.24	2188653.24
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	445590.65	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	33424.07	34062.07
(ii) Unitemized .....	3588817.84	7105356.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3622241.91	7139418.57
(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) .....	3622241.91	7139418.57
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.).....	978.00	1975.48
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	3623219.91	7141394.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3623219.91	7141394.05

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2650.00	11730.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2650.00	11730.00
22. Transfers to Affiliated/Other Party Committees.....	3000000.00	6400000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	252500.00	267500.00
24. Independent Expenditures (use Schedule E) .....	8975.00	83975.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1290.00	1350.00
(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)).....	1290.00	1350.00
29. Other Disbursements .....	19225.03	26291.48
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3284640.03	6790846.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3284640.03	6790846.48

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	3622241.91	7139418.57
34. Total Contribution Refunds (from Line 28(d)) .....	1290.00	1350.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3620951.91	7138068.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2650.00	11730.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2650.00	11730.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 125
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. AGUSTINA ADU-BOAPONG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1035 GRAND CONCRSE #4AS  
 Apt 1A  
 City Bronx State NY Zip Code 10452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bronx Jewish Community Council Occupation HOME ATTENDANT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10379**  
 Amount of Each Receipt this Period  
 100.00  
 PAYROLL DEDUCTION OF \$20 PER MONTH

**B. PINKEE AFUA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1111 NAME STREET  
 City FAR ROCKAWAY State NY Zip Code 11691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Resort Nursing Home Occupation CERTIFIED NURSING  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10121**  
 Amount of Each Receipt this Period  
 90.00  
 PAYROLL DEDUCTION OF \$10 PER MONTH

**C. Ke'Anna Alexander**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Department of Health Occupation UNKNOWN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10382**  
 Amount of Each Receipt this Period  
 90.00  
 PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>280.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 125
	<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. JUAN ALONZO**  
Full Name (Last, First, Middle Initial)

Mailing Address 510 W 188TH ST  
APT 55

City NEW YORK State NY Zip Code 10040-4696

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

Name of Employer LEGAL AID SOCIETY Occupation PARALEGAL 2

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11Al.10122**

Amount of Each Receipt this Period  
100.00  
PAYROLL DEDUCTION OF \$20 PER MONTH

**B. SYLVIA ALULEMA**  
Full Name (Last, First, Middle Initial)

Mailing Address 94- 40 42 AVE

City ELMHURST State NY Zip Code 11373

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

Name of Employer SUNNYSIDE HOME CARE PROJECT Occupation PATIENT CARE AID

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11Al.10123**

Amount of Each Receipt this Period  
90.00  
PAYROLL DEDUCTION OF \$10 PER MONTH

**C. Joyce Anderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 48B HOWARD DR  
APT B

City Bergenfield State NJ Zip Code 07621-4504

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

Name of Employer Teaneck Nursing Ctr-Bdwy Heal Occupation Certified Nursing Aide

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11Al.10124**

Amount of Each Receipt this Period  
125.00  
PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 315.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 125
	<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**

Full Name (Last, First, Middle Initial) <b>A. Valry Anderson</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : SA11Al.10125</b>
Mailing Address 216 Fieldmere Street		Amount of Each Receipt this Period 100.00
City Elmont	State NY	Zip Code 11003
FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION	
Name of Employer 1199 SEIU	Occupation CHART ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. YVONNE ARMSTRONG</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : SA11Al.10126</b>
Mailing Address 457 S 3RD AVE 2ND FL		Amount of Each Receipt this Period 100.00
City MOUNT VERNON	State NY	Zip Code 10550-4507
FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$20 PER MONTH	
Name of Employer 1199 SEIU	Occupation EXECUTIVE VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. GUADALUPE ASTACIO</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : SA11Al.10127</b>
Mailing Address 533 W 145TH ST APT 3W		Amount of Each Receipt this Period 100.00
City NEW YORK	State NY	Zip Code 10031-5124
FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$20 PER MONTH	
Name of Employer 1199 SEIU	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 125
	<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. FIRDAUS AVZALOVA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 540 OCEAN PARKWAY  
 City BROOKLYN State NY Zip Code 11218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALL CITY CARE Occupation HOME ATTENDANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11Al.10128**  
 Amount of Each Receipt this Period 100.00  
 PAYROLL DEDUCTION OF \$20 PER MONTH

**B. MICHAEL BADUM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 OAKSIDE DRIVE  
 City SMITHTOWN State NY Zip Code 11787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SMITHTOWN CENTER FOR REHAB Occupation CENTRAL SUPPLIER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11Al.10129**  
 Amount of Each Receipt this Period 90.00  
 PAYROLL DEDUCTION

**C. ADEYEMI BANDELE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1606 NEW JERSEY AVENUE, NW  
 City WASHINGTON State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 1199 SEIU Occupation EDUCATION COORDINATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11Al.10130**  
 Amount of Each Receipt this Period 125.00  
 PAYROLL DEDUCTION OF \$25 PER MONTH

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	315.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 125
<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. BEVERLEY Barrington**  
Full Name (Last, First, Middle Initial)  
Mailing Address 673 ROCKAWAY PARKWAY  
City Brooklyn State NY Zip Code 11236  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Brookdale Hospital Medical Ctr Occupation CLERK, ADMITTING  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10131**  
Amount of Each Receipt this Period **90.00**  
PAYROLL DEDUCTION

**B. LOUISE BAYER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 84 WALNUT STREET  
City TEANECK State NJ Zip Code 07666-3931  
FEC ID number of contributing federal political committee. **C**  
Name of Employer 1199 SEIU Occupation CHIEF FINANCIAL OFFICER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **450.00**

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10132**  
Amount of Each Receipt this Period **250.00**  
PAYROLL DEDUCTION OF \$50 PER MONTH

**C. MERLANDE BEAUCEJOUR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1655 FLATBUSH AVE C 704  
City Brooklyn State NY Zip Code 11210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer B.H.R.A.G.S. Home Care Occupation HOME ATTENDANT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10133**  
Amount of Each Receipt this Period **90.00**  
PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... **430.00**  
**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 11 OF 125
	<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. MITRA BEHROOZI**  
Full Name (Last, First, Middle Initial)

Mailing Address 123 LINCOLN PLACE

City BROOKLYN State NY Zip Code 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 ▼  
1350.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10134

Amount of Each Receipt this Period  
900.00

PAYROLL DEDUCTION OF \$150 PER MONTH

**B. June Bennett**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 Woodruff Avenue APT. 610

City Brooklyn State NY Zip Code 11226

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

Name of Employer Riverdale Nursing Home Occupation Nursing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10135

Amount of Each Receipt this Period  
90.00

PAYROLL DEDUCTION

**c. Mark Bergen**  
Full Name (Last, First, Middle Initial)

Mailing Address 467 Hallihans Hill Rd

City Kingston State NY Zip Code 12401-7138

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

Name of Employer 1199 SEIU Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10136

Amount of Each Receipt this Period  
100.00

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1090.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. FRANCIS BERMUDEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 147-11 76 AVENUE #B2  
 City FLUSHING State NY Zip Code 11367-3154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PARTNERS IN CARE Occupation HOME ATTENDANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10137**  
 Amount of Each Receipt this Period 100.00  
 PAYROLL DEDUCTION

**B. Theresa Bernard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 114-29 197th St  
 City Saint Albans State NY Zip Code 11412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Regal Hgts Rehab Health Care Occupation Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10138**  
 Amount of Each Receipt this Period 90.00  
 PAYROLL DEDUCTION

**C. MALGORZATA BIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1927 HIMROD ST  
 City Ridgewood State NY Zip Code 11385-1230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rite Aid Occupation Cashier Clerk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10139**  
 Amount of Each Receipt this Period 100.00  
 PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 290.00  
**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 13 OF 125
	<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. WINSOME BLACK-BATTEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1470 EAST AVE  
 APT 5E  
 City BRONX State NY Zip Code 10462-7504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 1199 SEIU Occupation ORGANIZER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10140**  
 Amount of Each Receipt this Period  
 100.00  
 PAYROLL DEDUCTION OF \$20 PER MONTH

**B. JUNE BLAIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1333 Watchung Ave  
 City Plainfield State NJ Zip Code 07060-3145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Benefit Fund-1199 Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10141**  
 Amount of Each Receipt this Period  
 90.00  
 PAYROLL DEDUCTION

**C. JEANNIE BONVINO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 777 AVENUE Z  
 City BROOKLYN State NY Zip Code 11285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BETH ISRAEL KINGS HIGHWAY Occupation TECHNICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 433.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10142**  
 Amount of Each Receipt this Period  
 233.30  
 PAYROLL DEDUCTION OF \$43.33 PER MONTH

**SUBTOTAL** of Receipts This Page (optional).....▶ 423.30  
**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 14 OF 125
	<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. MELANIE BOURNE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1487 EAST 96 STREET

City State Zip Code  
BROOKLYN NY 11236

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

Name of Employer Occupation  
BETH ISRAEL KINGS HIGHWAY HOUSEKEEPING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.70

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11Al.10143**

Amount of Each Receipt this Period  
86.68  
PAYROLL DEDUCTION OF \$21.67 PER MONTH

**B. FRANCES BOWEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 EAST LINCON AVENUE  
3RD FLOOR

City State Zip Code  
MOUNT VERNON NY 10552

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

Name of Employer Occupation  
BEST CARE, INC. HOME HEALTH AIDE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11Al.10144**

Amount of Each Receipt this Period  
95.00  
PAYROLL DEDUCTION

**c. Julianne Boyd**  
Full Name (Last, First, Middle Initial)

Mailing Address 28 PAERDEGAT 13 STREET

City State Zip Code  
Brooklyn NY 11236

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

Name of Employer Occupation  
Brookdale Hospital Medical Ctr TECHNICIAN, PATIENT CARE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11Al.10145**

Amount of Each Receipt this Period  
90.00  
PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 271.68

**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 15 OF 125
	<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. VERA BOYD**  
Full Name (Last, First, Middle Initial)

Mailing Address 214 E. 11TH STREET

City NEW YORK State NY Zip Code 10003

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

Name of Employer BETH ISRAEL MEDICAL CENTER Occupation REGISTERED NURSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10146

Amount of Each Receipt this Period  
100.00  
PAYROLL DEDUCTION OF \$25 PER MONTH

**B. Alethia Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 490 East 23rd Street

City Paterson State NJ Zip Code 07514

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

Name of Employer Emerson Convalescent Ctr Occupation Nurses Aide

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10385

Amount of Each Receipt this Period  
90.00  
PAYROLL DEDUCTION

**C. GLADYS BRUNO**  
Full Name (Last, First, Middle Initial)

Mailing Address 726 52ND STREET BSMT

City BROOKLYN State NY Zip Code 11220

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

Name of Employer LUTHERAN MEDICAL CENTER Occupation PATIENT SERVICE ASSOCIATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10147

Amount of Each Receipt this Period  
100.00  
PAYROLL DEDUCTION OF \$20 PER MONTH

**SUBTOTAL** of Receipts This Page (optional).....▶ 290.00

**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 16 OF 125
<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. Catherine Buffalano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 524 East 20th Street  
 City New York State NY Zip Code 10009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mary Mann Walsh Nur Home (RN) Occupation Registered Nurse  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.10148**  
 Amount of Each Receipt this Period **100.00**  
 PAYROLL DEDUCTION OF \$20 PER MONTH

**B. NUBIA BUITRAGO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 37-31 73RD STREET APT. 9N  
 City JACKSON HEIGHTS State NY Zip Code 11372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PARTNERS IN CARE Occupation HOME HEALTH AIDE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **473.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.10149**  
 Amount of Each Receipt this Period **301.00**  
 PAYROLL DEDUCTION OF \$43 PER MONTH

**C. Brian Burke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 209 W. 118TH STREET  
 City New York State NY Zip Code 10026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Montefiore Hospital Occupation Customer Service  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.10150**  
 Amount of Each Receipt this Period **75.00**  
 PAYROLL DEDUCTION OF \$25 PER MONTH

**SUBTOTAL** of Receipts This Page (optional)..... **476.00**  
**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 17 OF 125
	<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. TRACEY A Burton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 732 East 81st Street  
City Brooklyn State NY Zip Code 11236  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NY Methodist Hosp of Bklyn Occupation Nursing  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **218.46**

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11Al.10151**  
Amount of Each Receipt this Period **180.96**  
PAYROLL DEDUCTION

**B. SAILY CABRAL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 45 SCOOTER LANCE  
City HICKSVILLE State NY Zip Code 11801  
FEC ID number of contributing federal political committee. **C**  
Name of Employer 1199 SEIU Occupation VICE PRESIDENT  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **330.00**

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11Al.10152**  
Amount of Each Receipt this Period **150.00**  
PAYROLL DEDUCTION OF \$30 PER MONTH

**C. DANIEL CALISE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 44 ARIZONA AVENUE  
City BAY SHORE State NY Zip Code 11706  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SOUTH OAKS HOSPITAL Occupation CONTRACT ADMINISTRATOR  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **330.00**

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11Al.10153**  
Amount of Each Receipt this Period **150.00**  
PAYROLL DEDUCTION OF \$30 PER MONTH

**SUBTOTAL** of Receipts This Page (optional)..... **480.96**  
**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 18 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. CASSIE CAMPBELL**

Mailing Address 3425 HAZELWOOD ROAD

City EDGEWATER	State MD	Zip Code 21037
-------------------	-------------	-------------------

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

Name of Employer THI - SOUTH RIVER HEALTH, LLC	Occupation CERTIFIED NURSING ASSISTANT
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10154**

Amount of Each Receipt this Period  
110.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)  
**B. Bonnie Candrilli**

Mailing Address 39 Austin Ave

City Staten Island	State NY	Zip Code 10305
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FEC ID number of contributing federal political committee. **C**

Name of Employer Carmel Richmond Hce Rehabilit	Occupation Nursing
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10155**

Amount of Each Receipt this Period  
100.00

PAYROLL DEDUCTION OF \$20 PER MONTH

Full Name (Last, First, Middle Initial)  
**C. LILLIAN CARINO**

Mailing Address 327 SAINT NICHOLAS AVENUE  
APT. 2N

City NEW YORK	State NY	Zip Code 10027-3609
------------------	-------------	------------------------

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

Name of Employer 1199 SEIU	Occupation DIRECTOR
-------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10156**

Amount of Each Receipt this Period  
125.00

PAYROLL DEDUCTION OF \$25 PER MONTH

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	335.00
<b>TOTAL</b> 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 19 OF 125
	<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	<input type="checkbox"/> 17

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

**A. DERRICK CARR**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 6001

City SYRACUSE State NY Zip Code 13217

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

Name of Employer 1199 SEIU Occupation POLITICAL DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11Al.10157**

Amount of Each Receipt this Period  
**100.00**  
PAYROLL DEDUCTION OF \$20 PER MONTH

**B. Karen Carter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2125 ASHBURTON STREET

City Baltimore State MD Zip Code 21216

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

Name of Employer St Elizabeth Home Nursing Care Occupation Housekeeper

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11Al.10158**

Amount of Each Receipt this Period  
**90.00**  
PAYROLL DEDUCTION

**C. OLIVE CHARLES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1206 EASTERN AVE., NE  
APT. 305

City WASHINGTON State DC Zip Code 20019

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

Name of Employer THI-FORESTVILLE Occupation GERIATRIC NURSE AIDE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11Al.10159**

Amount of Each Receipt this Period  
**90.00**  
PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... **280.00**

**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 20 OF 125
	<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. MARIE-CECILE CHARLIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 E 124TH ST  
 City NEW YORK State NY Zip Code 10035-2717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 1199 SEIU Occupation ORGANIZER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.10160**  
 Amount of Each Receipt this Period **100.00**  
 PAYROLL DEDUCTION OF \$20 PER MONTH

**B. CAROL CHASE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7300 SHEFFIELD  
 City TEMPLE HILLS State MD Zip Code 20748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THI - FORT WASHINGTON Occupation GENERIC NURSE AID  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.10161**  
 Amount of Each Receipt this Period **110.00**  
 PAYROLL DEDUCTION

**C. BEVOLIN CLARKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 92 HIGH STREET  
 City YONKERS State NY Zip Code 10703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PARK CARE PAVILLION Occupation REGISTRAR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.10162**  
 Amount of Each Receipt this Period **110.00**  
 PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... **320.00**  
**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 21 OF 125
	<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. Ruby Clarke**  
Full Name (Last, First, Middle Initial)

Mailing Address 680 East 224th St.  
Apt. B

City State Zip Code  
Bronx NY 10466

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

Name of Employer Occupation  
Jewish Home & Hospital Certified Nurses Aide

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2011  
**Transaction ID : SA11AI.10163**

Amount of Each Receipt this Period  
110.00

PAYROLL DEDUCTION

**B. THOMAS CLOUTIER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2462 VALENTINE AVENUE

City State Zip Code  
BRONX NY 10458

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

Name of Employer Occupation  
ST. BARNABAS HOSPITAL LAB TECHNOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
254.64

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2011  
**Transaction ID : SA11AI.10164**

Amount of Each Receipt this Period  
116.71

PAYROLL DEDUCTION OF \$21.22 PER MONTH

**C. Amparo Cobo**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Wilson Ave

City State Zip Code  
North Plainfield NJ 07060-4049

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

Name of Employer Occupation  
JFK Hartwyck @ Cedarbrook Housekeeper

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2011  
**Transaction ID : SA11AI.10165**

Amount of Each Receipt this Period  
80.00

PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	306.71
<b>TOTAL</b> 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 22 OF 125
	<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	<input type="checkbox"/> 17

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

**A. Ponteh Cooper**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3436 99th Street  
City Corona State NY Zip Code 11368  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Regal Hgts Rehab Health Care Occupation Certified Nursing Aide  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **350.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.10166**  
Amount of Each Receipt this Period **170.00**  
PAYROLL DEDUCTION

**B. ELEANOR COORE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 101-125 WEST 147TH ST #26E  
City NEW YORK State NY Zip Code 10039  
FEC ID number of contributing federal political committee. **C**  
Name of Employer 1199 SEIU Occupation SECRETARY  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **220.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.10167**  
Amount of Each Receipt this Period **100.00**  
PAYROLL DEDUCTION OF \$20 PER MONTH

**C. Hernan Cortez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2512 University Ave Apt #4B  
City Bronx State NY Zip Code 10468-4080  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bronx Lebanon Concourse Occupation Waxer - Stripper  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **220.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.10168**  
Amount of Each Receipt this Period **100.00**  
PAYROLL DEDUCTION OF \$20 PER MONTH

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>370.00</b>
<b>TOTAL</b> 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 23 OF 125
	<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. Marcia Cousins**  
Full Name (Last, First, Middle Initial)

Mailing Address 3452 CORSA AVE APT 4C

City Bronx	State NY	Zip Code 10469-1857
---------------	-------------	------------------------

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

Name of Employer Throgs Neck Extended Care	Occupation Nursing
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : SA11Al.10169**

Amount of Each Receipt this Period  
100.00

PAYROLL DEDUCTION OF \$20 PER MONTH

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

Mailing Address 100 STEWART AVE

City BUFFALO	State NY	Zip Code 14211-2614
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : SA11Al.10170**

Amount of Each Receipt this Period  
100.00

PAYROLL DEDUCTION OF \$20 PER MONTH

**C. DENA CRAWFORD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4804 IVERSON PLACE

City TEMPLE HILLS	State MD	Zip Code 20748
----------------------	-------------	-------------------

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

Name of Employer THI-FORESTVILLE	Occupation GERIATRIC NURSE AIDE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : SA11Al.10171**

Amount of Each Receipt this Period  
110.00

PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.00
<b>TOTAL</b> 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 24 OF 125
	<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. DONALD CROSSWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1027 JERUSALEM UNIT 117  
 City UNIONDALE State NY Zip Code 11553-3069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 1199 SEIU Occupation VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10172**  
 Amount of Each Receipt this Period 100.00  
 PAYROLL DEDUCTION OF \$20 PER MONTH

**B. MARIA CURET**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 80 SCHOOL STREET  
 City YONKERS State NY Zip Code 10701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BEST CARE, INC. Occupation HOME ATTENDANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 322.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10173**  
 Amount of Each Receipt this Period 154.00  
 PAYROLL DEDUCTION

**C. Lauren Dacunto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 211 Pembrok Lup  
 City Staten Island State NY Zip Code 10309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Richmond University Medical Ct Occupation Dietary/food service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10174**  
 Amount of Each Receipt this Period 100.00  
 PAYROLL DEDUCTION OF \$20 PER MONTH

**SUBTOTAL** of Receipts This Page (optional).....▶ 354.00  
**TOTAL** This Period (last page this line number only).....▶



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

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

FOR LINE NUMBER: PAGE 25 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. TINU MARY DARAMOLA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 327 PEMACO LANE  
 City UNIONDALE State NY Zip Code 11553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FULTON COMMONS Occupation PHYSICAL THERAPIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.50

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10175**  
 Amount of Each Receipt this Period 97.50  
 PAYROLL DEDUCTION

**B. Polina Darius**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 69 W Englewood Ave  
 City Teaneck State NJ Zip Code 07666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hebrew Home for Aged-Riverdale Occupation Certified Nursing Aide  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10388**  
 Amount of Each Receipt this Period 110.00  
 PAYROLL DEDUCTION

**C. MONTRAE DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2827 Sunset Drive  
 City Baltimore State MD Zip Code 21223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Elizabeth Home Nursing Care Occupation Transport Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10176**  
 Amount of Each Receipt this Period 90.00  
 PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 297.50  
**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 26 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. CLARIBEL DE JESUS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 490 SOUTH BROADWAY  
 APT 3C  
 City YONKERS State NY Zip Code 10705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BEST CARE, INC. Occupation HOME ATTENDANT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **329.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10177**  
 Amount of Each Receipt this Period  
**154.00**  
 PAYROLL DEDUCTION

**B. S De La Cruz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 MILL PLAIN ROAD  
 UNIT 22-9  
 City DANBURY State CT Zip Code 06811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dept of Environmental Protect. Occupation Microbiology  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10391**  
 Amount of Each Receipt this Period  
**90.00**  
 PAYROLL DEDUCTION

**C. Christine Delisser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 358 Union Ave  
 City Mount Vernon State PA Zip Code 10550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bethel Methodist Nursing Home Occupation Certified Nursing Aide  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **215.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10178**  
 Amount of Each Receipt this Period  
**90.00**  
 PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>334.00</b>
<b>TOTAL</b> 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 27 OF 125
<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. ARMETA DIXON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1708 ASHBURTON STREET

City Baltimore State MD Zip Code 21216

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

Name of Employer 1199 SEIU Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : SA11AI.10179**

Amount of Each Receipt this Period **240.00**

**PAYROLL DEDUCTION OF \$40 PER MONTH**

**B. SUE DONOHUE**  
Full Name (Last, First, Middle Initial)

Mailing Address 45 DAWN LANE

City Holmes State NY Zip Code 12569

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

Name of Employer Putnam Nursing Rehabilitation Occupation NURSES AIDE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.50**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : SA11AI.10180**

Amount of Each Receipt this Period **140.00**

**PAYROLL DEDUCTION**

**C. Ramon Douglas**  
Full Name (Last, First, Middle Initial)

Mailing Address 108-15 Flatlands 8th St

City Brooklyn State NY Zip Code 11236

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

Name of Employer Cobble Hill Nursing Home Occupation Dietary Aide

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **12 / 31 / 2011**

**Transaction ID : SA11AI.10181**

Amount of Each Receipt this Period **90.00**

**PAYROLL DEDUCTION**

**SUBTOTAL** of Receipts This Page (optional)..... **470.00**

**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 28 OF 125
	<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**

Full Name (Last, First, Middle Initial) <b>A. BRIAN DUNNAVILLE</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : SA11Al.10182</b>
Mailing Address 3289 LOTHIAN ROAD		Amount of Each Receipt this Period 100.00 PAYROLL DEDUCTION OF \$20 PER MONTH
City FAIRFAX	State VA	Zip Code 22031
FEC ID number of contributing federal political committee. C	Name of Employer 1199 SEIU	Occupation ORGANIZER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. ANNE DUPLESSIS</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : SA11Al.10183</b>
Mailing Address 542 E 81ST ST		Amount of Each Receipt this Period 110.00 PAYROLL DEDUCTION
City Brooklyn	State NY	Zip Code 11236
FEC ID number of contributing federal political committee. C	Name of Employer Rite Aid	Occupation CASHIER/CLERK
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. RALPH DUVAL</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : SA11Al.10184</b>
Mailing Address 1307 MENARD STREET		Amount of Each Receipt this Period 125.00 PAYROLL DEDUCTION OF \$25 PER MONTH
City UNIONDALE	State NY	Zip Code 11553
FEC ID number of contributing federal political committee. C	Name of Employer EAST ROCKAWAY NURSING HOME	Occupation SECOND COOK
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	335.00
<b>TOTAL</b> 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 29 OF 125
	<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**

Full Name (Last, First, Middle Initial) <b>A. ANGELA ECKERT</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : SA11AI.10185</b>
Mailing Address 140 PELHAM RD APT 7M		Amount of Each Receipt this Period 100.00 PAYROLL DEDUCTION OF \$20 PER MONTH
City NEW ROCHELLE	State NY	Zip Code 10805-3117
FEC ID number of contributing federal political committee. C	Name of Employer 1199 SEIU	Occupation EXECUTIVE VICE PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. ENID ECKSTEIN</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : SA11AI.10393</b>
Mailing Address 26 BOYNTON STREET		Amount of Each Receipt this Period 240.00 PAYROLL DEDUCTION
City JAMAICA PLAIN	State MA	Zip Code 02130
FEC ID number of contributing federal political committee. C	Name of Employer 1199 SEIU	Occupation VICE PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>C. Lynn Edmondson</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : SA11AI.10186</b>
Mailing Address 277 Van Cortlandt Ave East Apt 5D		Amount of Each Receipt this Period 85.00 PAYROLL DEDUCTION
City Bronx	State NY	Zip Code 10467
FEC ID number of contributing federal political committee. C	Name of Employer Wayne HRF	Occupation DIETARY AIDE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<b>TOTAL</b> 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 30 OF 125
	<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. RICKEY ELLIOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 64525

City ROCHESTER State NY Zip Code 14624

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

Name of Employer 1199 SEIU Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10187

Amount of Each Receipt this Period  
100.00  
PAYROLL DEDUCTION OF \$20 PER MONTH

**B. ROSA ENCARNACION**  
Full Name (Last, First, Middle Initial)

Mailing Address 8925 ELMHURST AVENUE  
APT. 604

City ELMHURST State NY Zip Code 11373

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

Name of Employer BEST CARE, INC. Occupation HOME HEALTH AIDE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10188

Amount of Each Receipt this Period  
110.00  
PAYROLL DEDUCTION

**C. MONICA ESTRADA**  
Full Name (Last, First, Middle Initial)

Mailing Address 66 RUGBY ROAD

City BROOKLYN State NY Zip Code 11226

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

Name of Employer 1199 SEIU Occupation ORGANIZER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10189

Amount of Each Receipt this Period  
100.00  
PAYROLL DEDUCTION OF \$20 PER MONTH

**SUBTOTAL** of Receipts This Page (optional).....▶ 310.00

**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 31 OF 125
	<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. MAUREEN ESTWICK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1681 E 53RD STREET

City BROOKLYN	State NY	Zip Code 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 ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : SA11AI.10190**

Amount of Each Receipt this Period  
360.00

PAYROLL DEDUCTION OF \$60 PER MONTH

**B. TINA EVERETT**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 7

City CUDDEBACKVILLE	State NY	Zip Code 12729
------------------------	-------------	-------------------

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

Name of Employer BON SECOURS COMMUNITY HOSPITAL	Occupation TECHNICIAN
--	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : SA11AI.10192**

Amount of Each Receipt this Period  
100.00

PAYROLL DEDUCTION OF \$20 PER MONTH

**C. Dale Ewart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10723 Venox Road

City Cooper City	State FL	Zip Code 33026
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : SA11AI.10193**

Amount of Each Receipt this Period  
100.00

PAYROLL DEDUCTION OF \$20 PER MONTH

<b>SUBTOTAL</b> of Receipts This Page (optional).....	560.00
<b>TOTAL</b> 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 32 OF 125
	<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**

Full Name (Last, First, Middle Initial) <b>A. CALVIN FELICIANO</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : SA11AI.10395</b>
Mailing Address 115 EVERETT STREET APT 2A		Amount of Each Receipt this Period 100.00 PAYROLL DEDUCTION OF \$20 PER MONTH
City EAST BOSTON	State MA	Zip Code 02128
FEC ID number of contributing federal political committee. C	Name of Employer 1199 SEIU	Occupation POLITICAL ORGANIZER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Matribell Ferguson</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : SA11AI.10194</b>
Mailing Address 920 Baychester Ave Apt 24C		Amount of Each Receipt this Period 95.00 PAYROLL DEDUCTION
City Bronx	State NY	Zip Code 10475-1754
FEC ID number of contributing federal political committee. C	Name of Employer Easthaven Nursing HRF	Occupation Nursing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) <b>C. JERRY FISHBEIN</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : SA11AI.10397</b>
Mailing Address 44 WILBUR AVENUE		Amount of Each Receipt this Period 100.00 PAYROLL DEDUCTION OF \$20 PER MONTH
City DARTMOUTH	State MA	Zip Code 02747
FEC ID number of contributing federal political committee. C	Name of Employer 1199 SEIU	Occupation VICE PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	295.00
<b>TOTAL</b> 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 33 OF 125
	<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. FAYERUTH FISHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 231 MASS AVE  
#204

City ARLINGTON State MA Zip Code 02474

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

Name of Employer 1199 SEIU Occupation DEP. DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10399

Amount of Each Receipt this Period  
100.00  
PAYROLL DEDUCTION OF \$20 PER MONTH

**B. LEYTON FLEMINGS**  
Full Name (Last, First, Middle Initial)

Mailing Address 216-09 137TH AVENUE

City SPRINGFIELD GARDEN State NY Zip Code 11413

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

Name of Employer BROOKDALE HOSPITAL MEDICAL CTR Occupation MAINTENANCE WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10195

Amount of Each Receipt this Period  
90.00  
PAYROLL DEDUCTION

**C. TIMOTHY FOLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 46 HIGHLAND AVE

City WATERTOWN State MA Zip Code 02472

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

Name of Employer 1199 SEIU Occupation POLITICAL DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10401

Amount of Each Receipt this Period  
100.00  
PAYROLL DEDUCTION OF \$20 PER MONTH

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 290.00

**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 34 OF 125
	<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. Gina Fontana**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Secora Rd  
Apt C20

City Monsey State NY Zip Code 10952-3743

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

Name of Employer Northern Manor Geriatric Ctr Occupation Nursing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10196

Amount of Each Receipt this Period  
100.00  
PAYROLL DEDUCTION OF \$20 PER MONTH

**B. JOANNE FOSTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 383 HEWES ST #5B

City Brooklyn State NY Zip Code 11211

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

Name of Employer Premier Occupation Patient Care Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10197

Amount of Each Receipt this Period  
210.00  
PAYROLL DEDUCTION

**C. JOHNELLA FOY**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 549

City BUFFALO State NY Zip Code 14209

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

Name of Employer KALEIDA HEALTH Occupation RECORD ARCHIVE CLERK

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10198

Amount of Each Receipt this Period  
90.00  
PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

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

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

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

FOR LINE NUMBER: PAGE 35 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. AUDE FRANCOIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4706 SNYDER AVENUE  
 City Brooklyn State NY Zip Code 11203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer B.H.R.A.G.S. Home Care Occupation Home Attendant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10199**  
 Amount of Each Receipt this Period 90.00  
 PAYROLL DEDUCTION

**B. WAVENEY FRANKLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 LINDEN BLVD APT 4G  
 City BROOKLYN State NY Zip Code 11226-3171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PARTNERS IN CARE Occupation HOME HEALTH AIDE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10200**  
 Amount of Each Receipt this Period 100.00  
 PAYROLL DEDUCTION OF \$20 PER MONTH

**C. JAMES FRAZIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2730 FREDRICK DOUGLAS BLVD APT. 4  
 City BRONX State NY Zip Code 10039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ST. VINCENT DE PAUL RESIDENCE Occupation HOUSEKEEPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10201**  
 Amount of Each Receipt this Period 275.00  
 PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 465.00  
**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 36 OF 125
	<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. BETTE FRIED**  
Full Name (Last, First, Middle Initial)

Mailing Address 126 W 86TH STREET  
APT. B

City NEW YORK State NY Zip Code 10024

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

Name of Employer NORTHSIDE CTR CHILD DEVELOP. Occupation SOCIAL WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10202**

Amount of Each Receipt this Period  
100.00  
PAYROLL DEDUCTION OF \$20 PER MONTH

**B. ALTAGRACIA GALVAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 EAST 153RD STREET  
APT 30B

City BRONX State NY Zip Code 10451

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

Name of Employer COOPERATIVE HOME ATTENDANT Occupation HEALTH AIDE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10204**

Amount of Each Receipt this Period  
90.00  
PAYROLL DEDUCTION

**C. Arnulfo Garcia**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 Warfield Way

City Southampton State NY Zip Code 11968

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

Name of Employer Rite Aid Occupation CASHIER CLERK

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10205**

Amount of Each Receipt this Period  
90.00  
PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 280.00

**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 37 OF 125
	<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**

Full Name (Last, First, Middle Initial)  
**A. MARIA GARCIA**

Mailing Address 479 N. MAPLE AVENUE

City EAST ORANGE State NJ Zip Code 07017

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

Name of Employer DELAIRE NURSING & C.C. Occupation HEALTHCARE SERV.-DIETARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10403**

Amount of Each Receipt this Period  
**160.00**

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)  
**B. ROSEMARIE GLOVER**

Mailing Address 2915 CLUTE ROAD

City CORTLAND State NY Zip Code 13045

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

Name of Employer COMMUNITY GENERAL HOSPITAL Occupation REGISTERED NURSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10206**

Amount of Each Receipt this Period  
**80.00**

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)  
**C. VAUGHN GOODWIN**

Mailing Address 5100 W. MOUNTAIN STREET  
APT. 202C

City STONE MOUNTAIN State GA Zip Code 30058

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

Name of Employer 1199 SEIU Occupation ORGANIZER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10207**

Amount of Each Receipt this Period  
**125.00**

PAYROLL DEDUCTION OF \$25 PER MONTH

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **365.00**

**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 38 OF 125
	<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. TONY GRANT**  
Full Name (Last, First, Middle Initial)

Mailing Address 834 EDPAS

City NEW BRUNSWICK State NJ Zip Code 08901-3815

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

Name of Employer 1199 SEIU Occupation ORGANIZER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10208**

Amount of Each Receipt this Period  
100.00  
PAYROLL DEDUCTION OF \$20 PER MONTH

**B. Camilla Greer**  
Full Name (Last, First, Middle Initial)

Mailing Address 686 Ashford Street Apt 10

City Brooklyn State NY Zip Code 11207

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

Name of Employer Ruby Weston Manor Nursing Home Occupation Certified Nursing Aide

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10209**

Amount of Each Receipt this Period  
100.00  
PAYROLL DEDUCTION

**C. Lennox Grumble**  
Full Name (Last, First, Middle Initial)

Mailing Address 426 East 22nd Street APT 3K

City Brooklyn State NY Zip Code 11226

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

Name of Employer Maimonides Medical Center Occupation Dietary Worker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10210**

Amount of Each Receipt this Period  
180.00  
PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 380.00

**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 39 OF 125
	<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	<input type="checkbox"/> 17

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

**A. Dominga Guerrero**  
Full Name (Last, First, Middle Initial)

Mailing Address 117 Sherman Avenue Apt. 24

City New York State NY Zip Code 10034

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

Name of Employer Best Care, INC. Occupation Home Health Aide

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10211**

Amount of Each Receipt this Period  
**110.00**

**PAYROLL DEDUCTION**

**B. ANDREA HALL**  
Full Name (Last, First, Middle Initial)

Mailing Address 712 MILLER AVENUE

City BROOKLYN State NY Zip Code 11207

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

Name of Employer BROOKLYN UNITED METHODIST CH. Occupation CERTIFIED NURSING ASSISTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10212**

Amount of Each Receipt this Period  
**100.00**

**PAYROLL DEDUCTION OF \$20 PER MONTH**

**C. ANGELA HAMILTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 28 MACDONOUGH ST  
APT 1C

City BROOKLYN State NY Zip Code 11216-2334

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

Name of Employer PARTNERS IN CARE Occupation HOME HEALTH AIDE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.55**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10214**

Amount of Each Receipt this Period  
**95.25**

**PAYROLL DEDUCTION OF \$19.05 PER MONTH**

**SUBTOTAL** of Receipts This Page (optional)..... **305.25**

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

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

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

FOR LINE NUMBER: PAGE 40 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Katrina Hamlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44 White Plains Ave  
 City Elmsford State NY Zip Code 10523-2700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Medical College Occupation Animal Caretaker Technician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10215**  
 Amount of Each Receipt this Period 120.00  
 PAYROLL DEDUCTION

**B. John Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4220 Bonner Road  
 City Baltimore State MD Zip Code 21229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Elizabeth Home Nursing Care Occupation Floor Technician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10216**  
 Amount of Each Receipt this Period 100.00  
 PAYROLL DEDUCTION OF \$20 PER MONTH

**C. MARKITA HARRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 114 N. BRADFORD ST  
 City Baltimore State MD Zip Code 21224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Elizabeth Home Nursing Care Occupation CMA Medicine Aide  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10217**  
 Amount of Each Receipt this Period 100.00  
 PAYROLL DEDUCTION OF \$20 PER MONTH

**SUBTOTAL** of Receipts This Page (optional).....▶ 320.00  
**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 41 OF 125
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	<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. Sheila Harris**  
Full Name (Last, First, Middle Initial)

Mailing Address 16028 76th Ave  
Apt 1A

City Fresh Meadows State NY Zip Code 11366-1118

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

Name of Employer Department Of Health Occupation Labs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10218**

Amount of Each Receipt this Period  
100.00  
PAYROLL DEDUCTION OF \$20 PER MONTH

**B. LEONABEL HARVEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 388 MIDWOOD STREET  
APT 5I

City BROOKLYLN State NY Zip Code 11225

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

Name of Employer NEW YORK UNIVERSITY HOSPITAL Occupation PAT UNIT CLERK

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10219**

Amount of Each Receipt this Period  
100.00  
PAYROLL DEDUCTION OF \$25 PER MONTH

**C. WADYAH HASSAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 9160 193RD STREET  
APT. L2

City HOLLIS State NY Zip Code 11423

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

Name of Employer COMMUNITY RESOURCE CENTER Occupation LICENSED PRACTICAL NURSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10220**

Amount of Each Receipt this Period  
110.00  
PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 310.00

**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 42 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. ELIZABETH HAYES**  
Full Name (Last, First, Middle Initial)

Mailing Address 910 MARCY AVENUE  
APT. 102

City OXON HILL State MD Zip Code 20745

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

Name of Employer THI-FORT WASHINGTON Occupation CLINICAL SUPPORT SERVICES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10221

Amount of Each Receipt this Period  
110.00

PAYROLL DEDUCTION

**B. Lisa Hernandez**  
Full Name (Last, First, Middle Initial)

Mailing Address 5121 2nd Avenue  
Apt# 3B

City Brooklyn State NY Zip Code 11232

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

Name of Employer Beth Israel Medical Ctr Petrie Occupation Technical/Professional

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.70

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10222

Amount of Each Receipt this Period  
86.68

PAYROLL DEDUCTION OF \$21.67 PER MONTH

**C. DAVID HILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 HAMILTON TERRANCE  
APT. 1L

City NEW YORK State NY Zip Code 10031

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

Name of Employer YESHIVA UNIVERSITY Occupation CLERK, MAIL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10223

Amount of Each Receipt this Period  
100.00

PAYROLL DEDUCTION OF \$25 PER MONTH

**SUBTOTAL** of Receipts This Page (optional).....▶ 296.68

**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 43 OF 125
	<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. TODD HOBLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 285 NORWALK AVE

City BUFFALO State NY Zip Code 14216-1904

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

Name of Employer 1199 SEIU Occupation ACTING VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10224

Amount of Each Receipt this Period  
100.00  
PAYROLL DEDUCTION OF \$20 PER MONTH

**B. ROBERT HOLLAND**  
Full Name (Last, First, Middle Initial)

Mailing Address 557 BROADWAY

City PORT EWEN State NY Zip Code 12466

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

Name of Employer 1199 SEIU Occupation EXECUTIVE SECRETARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10225

Amount of Each Receipt this Period  
100.00  
PAYROLL DEDUCTION OF \$20 PER MONTH

**C. Crystal Houck**  
Full Name (Last, First, Middle Initial)

Mailing Address 112 Gregory Hollow Road

City Downsville State NY Zip Code 13755

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

Name of Employer Dept of Environ. Protection Occupation Microbiology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10226

Amount of Each Receipt this Period  
90.00  
PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 290.00

**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 44 OF 125
	<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. SARAH HUADJI**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 E. 168TH STREET  
APT. 602

City BRONX State NY Zip Code 10452

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

Name of Employer AMSTERDAM NURSING HOME Occupation CERTIFIED NURSING ASSISTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10227

Amount of Each Receipt this Period  
90.00

PAYROLL DEDUCTION

**B. KATHERINE JAEGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2027 S. GEDDES STREET

City SYRACUSE State NY Zip Code 13207

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

Name of Employer CROUSE HOSPITAL Occupation REGISTERED NURSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10228

Amount of Each Receipt this Period  
90.00

PAYROLL DEDUCTION

**C. Bruce Jenkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 1909 Brooks Drive  
Apt 302

City Capitol Heights State MD Zip Code 20743

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

Name of Employer THI - Forestville Occupation Housekeeper

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10229

Amount of Each Receipt this Period  
110.00

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 290.00

**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 45 OF 125
	<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. LYNNE JENNINGS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 SHIRLEY LANE

City WEST BABYLON	State NY	Zip Code 11704
----------------------	-------------	-------------------

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

Name of Employer BROOKDALE HOSPITAL MEDICAL CTR	Occupation PHYSICIAN ASSISTANT
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : SA11AI.10230**

Amount of Each Receipt this Period  
120.00

PAYROLL DEDUCTION

**B. Fremio Jeudy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 320 STERLING ST APT 3CW

City Brooklyn	State NY	Zip Code 11225-4207
------------------	-------------	------------------------

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

Name of Employer NY Methodist Hosp- Brooklyn	Occupation Environmental Services
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : SA11AI.10231**

Amount of Each Receipt this Period  
110.00

PAYROLL DEDUCTION

**C. LYNETTE JOHN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 405 E. 94TH STREET

City BROOKLYN	State NY	Zip Code 11212
------------------	-------------	-------------------

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

Name of Employer BEST CARE INC.	Occupation HOME HEALTH AIDE
------------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : SA11AI.10232**

Amount of Each Receipt this Period  
110.00

PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	340.00
<b>TOTAL</b> 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 46 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 153 STUYVESANT ROAD

City TEANECK State NY Zip Code 07666-6327

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

Name of Employer 1199 SEIU Occupation EDITOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : SA11AI.10233**

Amount of Each Receipt this Period  
 100.00

PAYROLL DEDUCTION OF \$20 PER MONTH

**B. VANESSA JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2401 CALVERT STREET NW 1018

City WASHINGTON State DC Zip Code 20008

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

Name of Employer 1199 SEIU Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : SA11AI.10234**

Amount of Each Receipt this Period  
 100.00

PAYROLL DEDUCTION OF \$20 PER MONTH

**C. BUREKA JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 2529 ROBINSON PLACE

City WALDORF State MD Zip Code 20602

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

Name of Employer THI-FORESTVILLE Occupation GERIATRIC NURSE AIDE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : SA11AI.10235**

Amount of Each Receipt this Period  
 100.00

PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 47 OF 125
	<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. Jovine Jordan**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 Central Ave  
Apt 21

City Plainfield State NJ Zip Code 07060-4231

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

Name of Employer JFK Hartwyck Cedarbrook Health Occupation Housekeeping

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10236**

Amount of Each Receipt this Period  
90.00

PAYROLL DEDUCTION

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

Mailing Address 550 Ocean Ave  
Apt 4B

City Brooklyn State NY Zip Code 11226-3760

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

Name of Employer New York Presbyterian Hospital Occupation Patient Care Associate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10237**

Amount of Each Receipt this Period  
250.00

PAYROLL DEDUCTION OF \$50 PER MONTH

**C. Sharon C Josephs**  
Full Name (Last, First, Middle Initial)

Mailing Address 859 ALBANY AVE

City Brooklyn State NY Zip Code 11203-3003

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

Name of Employer Department Of Health Occupation UNKNOWN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10238**

Amount of Each Receipt this Period  
100.00

PAYROLL DEDUCTION OF \$20 PER MONTH

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 440.00

**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 48 OF 125
	<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	<input type="checkbox"/> 17

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

**A. Beatrice Kanu**  
Full Name (Last, First, Middle Initial)

Mailing Address 5626 Whitfield Chapel  
Apt 202

City Lanham State MD Zip Code 20706

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

Name of Employer: THI - South River Health LLC  
Occupation: Geriatric Nurse Aide

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10239**

Amount of Each Receipt this Period  
110.00

**PAYROLL DEDUCTION**

**B. GEORGE KENNEDY**  
Full Name (Last, First, Middle Initial)

Mailing Address 228 WARDMAN ROAD

City KENMORE State NY Zip Code 14217-2851

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

Name of Employer: 1199 SEIU  
Occupation: VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10240**

Amount of Each Receipt this Period  
100.00

**PAYROLL DEDUCTION OF \$20 PER MONTH**

**C. MARIA KERCADO**  
Full Name (Last, First, Middle Initial)

Mailing Address 3337 CORSA AVENUE

City BRONX State NY Zip Code 10469-2810

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

Name of Employer: 1199 SEIU  
Occupation: VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10241**

Amount of Each Receipt this Period  
100.00

**PAYROLL DEDUCTION OF \$20 PER MONTH**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 310.00

**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 49 OF 125
	<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. DEBORAH KING**  
Full Name (Last, First, Middle Initial)

Mailing Address 270 NEWTOWN TPKE.

City WESTPORT State CT Zip Code 06880-1021

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

Name of Employer HOSPITAL LEAGUE TRAINING Occupation DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10242**

Amount of Each Receipt this Period  
50.00  
PAYROLL DEDUCTION OF \$25 PER MONTH

**B. ROLANDO KING**  
Full Name (Last, First, Middle Initial)

Mailing Address 3054 83RD STREET EAST

City ELMHURST State NY Zip Code 11370

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

Name of Employer SEIU COMMUNICATIONS CENTER INC Occupation DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10243**

Amount of Each Receipt this Period  
200.00  
PAYROLL DEDUCTION

**C. COLLEEN KOCHMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 155 FORREST WAY

City CAMILLUS State NY Zip Code 13031

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

Name of Employer COMMUNITY GENERAL HOSPITAL Occupation REGISTERED NURSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
298.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10244**

Amount of Each Receipt this Period  
98.00  
PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 348.00

**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 50 OF 125
<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. Luljeta Latollari**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1920 Bay Ridge Parkway  
 City Brooklyn State NY Zip Code 11204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Best Care, INC. Occupation Home Health Aide  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10245**  
 Amount of Each Receipt this Period 110.00  
 PAYROLL DEDUCTION

**B. Jacqueline Lattie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 DREISER LOOP APT 12B  
 City Bronx State NY Zip Code 10475-2649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Providence Rest Nursing Home Occupation Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10246**  
 Amount of Each Receipt this Period 100.00  
 PAYROLL DEDUCTION OF \$10 PER MONTH

**C. Ernest Laurent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 180-05 145 Drive  
 City Springfield Gardens State NY Zip Code 11434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NY Methodist Hosp- Brooklyn Occupation Housekeeper  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10247**  
 Amount of Each Receipt this Period 110.00  
 PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 51 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. NAPOLEON LAURITO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 AUSTINE PLACE #2L  
 City STATEN ISLAND State NY Zip Code 10304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARMEL RICHMOND HEALTHCARE Occupation LICENSED PRACTICAL NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10248**  
 Amount of Each Receipt this Period 90.00  
 PAYROLL DEDUCTION

**B. ETHEL LEONARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 BRONXVILLE ROAD APT. #7C  
 City BRONXVILLE State NY Zip Code 10708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ST BARNABUS HOSPITAL Occupation REGISTERED NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10249**  
 Amount of Each Receipt this Period 101.53  
 PAYROLL DEDUCTION

**C. SUSAN LEPAGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 VIA DONATO EAST  
 City DEPEW State NY Zip Code 14043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KALEIDA HEALTH Occupation RN SPECIAL PROCEDURES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10250**  
 Amount of Each Receipt this Period 90.00  
 PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 281.53  
**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 52 OF 125
	<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. Leanora Letang-Facey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10201 186th St  
 FI 1  
 City State Zip Code  
 Jamaica NY 11423-3107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Townhouse Ext Care UNKNOWN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10251**  
 Amount of Each Receipt this Period  
 120.00  
 PAYROLL DEDUCTION

**B. Cecilia LEWIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1376 Decalb Ave  
 City State Zip Code  
 Brooklyn NY 11221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Omega Home Care Home Health Aide  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10252**  
 Amount of Each Receipt this Period  
 90.00  
 PAYROLL DEDUCTION

**C. ZHEN GUANG LIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 202 YORK STREET  
 APT. 8J  
 City State Zip Code  
 BROOKLYN NY 11201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BEST CHOICE HOME CARE HOME HEALTH AIDE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10253**  
 Amount of Each Receipt this Period  
 90.00  
 PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 53 OF 125
	<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. ROSAMARIA LOMUSCIO**  
Full Name (Last, First, Middle Initial)

Mailing Address 78 SHERIDAN VILLAGE AVE.

City SCHENECTADY	State NY	Zip Code 12308
---------------------	-------------	-------------------

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

Name of Employer 1199 SEIU	Occupation VICE PRESIDENT
-------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : SA11AI.10254**

Amount of Each Receipt this Period  
100.00

PAYROLL DEDUCTION OF \$20 PER MONTH

**B. Ducas Louesy**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Maryland Circle

City Whitehall	State PA	Zip Code 18052
-------------------	-------------	-------------------

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

Name of Employer Terence Cardinal C Health Ctr	Occupation Certified Nurses Aide
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : SA11AI.10255**

Amount of Each Receipt this Period  
84.00

PAYROLL DEDUCTION

**C. LORNA LUCAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1160 ROGERS AVENUE

City BROOKLYN	State NY	Zip Code 11226
------------------	-------------	-------------------

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

Name of Employer LUTHERAN MEDICAL CENTER	Occupation UNIT CLERK
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : SA11AI.10256**

Amount of Each Receipt this Period  
110.00

PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	294.00
<b>TOTAL</b> 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 54 OF 125
	<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. WINSLOW LUNA**  
Full Name (Last, First, Middle Initial)

Mailing Address 3146 51ST STREET  
APT 4C

City WOODSIDE State NY Zip Code 11377

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

Name of Employer 1199 SEIU Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10257**

Amount of Each Receipt this Period  
100.00  
PAYROLL DEDUCTION OF \$20 PER MONTH

**B. ANGELA LUSK**  
Full Name (Last, First, Middle Initial)

Mailing Address 5205 DWIRE COURT

City TAMPA State FL Zip Code 33647

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

Name of Employer 1199 SEIU Occupation ASSISTANT DIRECTOR OF RESEARCH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10404**

Amount of Each Receipt this Period  
300.00  
PAYROLL DEDUCTION

**C. MICHELE LYNCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 32 DOLPHIN WAY

City RIVERHEAD State NY Zip Code 11901

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

Name of Employer 1199 SEIU Occupation POLITICAL DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10258**

Amount of Each Receipt this Period  
125.00  
PAYROLL DEDUCTION OF \$25 PER MONTH

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00

**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 55 OF 125
	<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. JENNIE LYONS**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 813

City WURTSBORO State NY Zip Code 12790

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

Name of Employer HORTON CAMPUS ORMC Occupation DP REGISTERED NURSE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **12 / 31 / 2011**  
Transaction ID : **SA11AI.10259**

Amount of Each Receipt this Period **75.00**  
PAYROLL DEDUCTION OF \$25 PER MONTH

**B. SONIA MALLARI**  
Full Name (Last, First, Middle Initial)

Mailing Address 1234 Glenwood Road

City Wantagh State NY Zip Code 11793

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

Name of Employer Rite Aid Occupation CASHIER/CLERK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt **12 / 31 / 2011**  
Transaction ID : **SA11AI.10260**

Amount of Each Receipt this Period **100.82**  
PAYROLL DEDUCTION

**C. Altagracia Malpica**  
Full Name (Last, First, Middle Initial)

Mailing Address 2328 Powell Avenue

City Bronx State NY Zip Code 10462

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

Name of Employer Omega Home Care Occupation Home Health Aide

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt **12 / 31 / 2011**  
Transaction ID : **SA11AI.10261**

Amount of Each Receipt this Period **200.00**  
PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... **375.82**

**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 56 OF 125
	<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. SAMUEL MANU**  
Full Name (Last, First, Middle Initial)

Mailing Address 5609 Cedar Lane

City Columbia State MD Zip Code 21044

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

Name of Employer: THI - Ellicott City Occupation: Culinary Aide

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt: 12 / 31 / 2011  
**Transaction ID : SA11AI.10262**

Amount of Each Receipt this Period: **110.00**

PAYROLL DEDUCTION

**B. Elaine Marshall**  
Full Name (Last, First, Middle Initial)

Mailing Address 496 11th Avenue

City Paterson State NJ Zip Code 07514

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

Name of Employer: Emerson Convalescent Ctr Occupation: Certified Nursing Aide

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt: 12 / 31 / 2011  
**Transaction ID : SA11AI.10407**

Amount of Each Receipt this Period: **90.00**

PAYROLL DEDUCTION

**C. MODESTA MARTINEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 2787 SAMPSON AVENUE  
APT 1C

City BRONX State NY Zip Code 10465

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

Name of Employer: COOPERATIVE HOME ATTENDANT Occupation: HOME ATTENDANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt: 12 / 31 / 2011  
**Transaction ID : SA11AI.10263**

Amount of Each Receipt this Period: **90.00**

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... **290.00**

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



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

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

FOR LINE NUMBER: PAGE 57 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. DENNIS MASOTTI**

Mailing Address 106 HOWARD AVENUE

City State Zip Code  
 ROCHELLE PARK NJ 07662

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

Name of Employer Occupation  
 RITE AID CASHIER/CLERK

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10264**

Amount of Each Receipt this Period  
 110.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)  
**B. Claudette Maxwell**

Mailing Address 136 Manor Ave

City State Zip Code  
 Westbury NY 11590

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

Name of Employer Occupation  
 Sun Harbor Manor Nursing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10265**

Amount of Each Receipt this Period  
 100.00

PAYROLL DEDUCTION OF \$20 PER MONTH

Full Name (Last, First, Middle Initial)  
**C. BETTY MAYERS**

Mailing Address 421 NORTH BROADWAY

City State Zip Code  
 YONKERS NY 10701

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

Name of Employer Occupation  
 MICHAEL MALOTZ SKILLED NURSING CERTIFIED NURSING ASSISTANT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 206.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10266**

Amount of Each Receipt this Period  
 94.00

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 304.00

**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 58 OF 125
	<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. Teatra Mays**  
Full Name (Last, First, Middle Initial)

Mailing Address 170 Avenue D Apt 11a

City New York State NY Zip Code 10009-4311

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

Name of Employer Mary Manning Walsh Nursing Occupation CERTIFIED NURSING ASSISTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10267**

Amount of Each Receipt this Period 100.00  
PAYROLL DEDUCTION OF \$20 PER MONTH

**B. Ella Mazo**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Barlow Drive South

City Brooklyn State NY Zip Code 11234

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

Name of Employer Department Of Health Occupation Microbiology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10268**

Amount of Each Receipt this Period 90.00  
PAYROLL DEDUCTION

**C. Tamaqua McDonald**  
Full Name (Last, First, Middle Initial)

Mailing Address 4302 SEMINOLE CT APT 102

City Baltimore State MD Zip Code 21229

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

Name of Employer St Elizabeth Home for Nursing Care Occupation Housekeeper

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10269**

Amount of Each Receipt this Period 90.00  
PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 280.00

**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 59 OF 125
	<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. Amanda MCGRIF**  
Full Name (Last, First, Middle Initial)

Mailing Address 170 Scholes Street  
Apt# 2B

City Brooklyn State NY Zip Code 11206

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

Name of Employer Beth Israel Med. Ctr. Petrie Occupation Registered Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.70

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10270

Amount of Each Receipt this Period  
86.68  
PAYROLL DEDUCTION OF \$21.67 PER MONTH

**B. Mazelyn McKenzie**  
Full Name (Last, First, Middle Initial)

Mailing Address 728 St Oven Street  
#1

City Bronx State NY Zip Code 10470-1315

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

Name of Employer Morris Park Nursing Home Occupation Nursing Attendant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10271

Amount of Each Receipt this Period  
80.00  
PAYROLL DEDUCTION

**C. SARAH MCLELLAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 69 SEMINOLE PARKWAY

City BUFFALO State NY Zip Code 14210

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

Name of Employer ABSOLUT CTR. FOR NSG. & REHAB Occupation LAUNDRY STAFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10272

Amount of Each Receipt this Period  
110.00  
PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 276.68

**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 60 OF 125
	<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. LUCILLE MEGGISON**  
Full Name (Last, First, Middle Initial)

Mailing Address 24B GLEN KEITH RD

City State Zip Code  
Glen Cove NY 11542-3515

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

Name of Employer Occupation  
Rite Aid CASHIER/CLERK

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10273**

Amount of Each Receipt this Period  
110.00

PAYROLL DEDUCTION

**B. ADELE MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 308

City State Zip Code  
EAST MARION NY 11939

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

Name of Employer Occupation  
EASTERN LONG ISLAND HOSPITAL CONTACT ADMINISTRATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10274**

Amount of Each Receipt this Period  
140.00

PAYROLL DEDUCTION

**C. STACEY MILLMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 289 MANNING BLVD.

City State Zip Code  
ALBANY NY 12206-1425

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

Name of Employer Occupation  
NATIONAL BENEFIT FUND-1199 COMMUNICATIONS DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10275**

Amount of Each Receipt this Period  
250.00

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

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

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

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

FOR LINE NUMBER: PAGE 61 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Rose Mitchell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 219 Mississippi  
 City Atlantic City State NJ Zip Code 08401-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Barnegat Nursing Ctr Occupation UNKNOWN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10276**  
 Amount of Each Receipt this Period 80.00  
 PAYROLL DEDUCTION

**B. DEBORAH MONASTRA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 224 LINCOLN AVENUE  
 City WEST HARRISON State NY Zip Code 10604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MICHAEL MELOTZ SKILLED NURSING Occupation LICENSED PRACTICAL NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10277**  
 Amount of Each Receipt this Period 110.00  
 PAYROLL DEDUCTION

**C. ADELAIDA MONTALVO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 ELDRIDGE AVENUE FL. 3  
 City STATEN ISLAND State NY Zip Code 10302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LUTHERAN MEDICAL CENTER Occupation SR. PATIENT SERVICE ASSOCIATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10278**  
 Amount of Each Receipt this Period 110.00  
 PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**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 62 OF 125
	<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. ROBERT MOORE**  
Full Name (Last, First, Middle Initial)

Mailing Address 937 STUBBLEFIELD LANE

City Baltimore State MD Zip Code 21202

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

Name of Employer 1199 SEIU Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10279**

Amount of Each Receipt this Period  
**100.00**  
 PAYROLL DEDUCTION OF \$20 PER MONTH

**B. CONSUELO MORA-MCLAUGHLIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 MILTON AVENUE

City SUMMIT State NJ Zip Code 07901

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

Name of Employer COLUMBIA UNIVERSITY-SSA Occupation RESEARCH WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10409**

Amount of Each Receipt this Period  
**200.00**  
 PAYROLL DEDUCTION

**C. Charquita Morris**  
Full Name (Last, First, Middle Initial)

Mailing Address 3432 25th Street #14

City Washington State DC Zip Code 20020

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

Name of Employer THI - Fort Washington Occupation Geriatric Nurses Aide

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10280**

Amount of Each Receipt this Period  
**110.00**  
 PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>410.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 63 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MARY MUNRO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 142 SUTTER AVENUE  
 City State Zip Code  
 BROOKLYN NY 11212-2712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WORKER PARTICIPATION FUND GNY CONTRACT ADMINISTRATOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10281**  
 Amount of Each Receipt this Period  
 90.00  
 PAYROLL DEDUCTION

**B. Patrick MURPHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 Augar Lake Road  
 City State Zip Code  
 Keeseville NY 12944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Champlain Valley Hospital P C Technician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10282**  
 Amount of Each Receipt this Period  
 96.00  
 PAYROLL DEDUCTION

**C. IVANEI NASCIMENTO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4234 65TH STREET  
 City State Zip Code  
 WOODSIDE NY 11377-5051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 1199 SEIU POLITICAL ORGANIZER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10283**  
 Amount of Each Receipt this Period  
 100.00  
 PAYROLL DEDUCTION OF \$20 PER MONTH

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 286.00  
**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 64 OF 125
<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. Roxey Nelson**  
Full Name (Last, First, Middle Initial)

Mailing Address 6500 Main Street  
Apt. 303

City Miami Lakes State FL Zip Code 33014

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

Name of Employer 1199 SEIU Occupation Political Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10284

Amount of Each Receipt this Period  
240.00  
PAYROLL DEDUCTION OF \$40 PER MONTH

**B. Dora Nkrumah**  
Full Name (Last, First, Middle Initial)

Mailing Address 3330 Sonia Trail

City Ellicott City State MD Zip Code 21043

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

Name of Employer THI - Ellicott City Occupation HOUSEKEEPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10285

Amount of Each Receipt this Period  
90.00  
PAYROLL DEDUCTION

**C. Arikka Noel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1440 Highland Avenue

City Hillside State NJ Zip Code 07205

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

Name of Employer Harborside Healthcare Occupation Certified Nursing Aide

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10412

Amount of Each Receipt this Period  
100.00  
PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 430.00

**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 65 OF 125
	<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. GERARD NORDENBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 MIDDLETON ROAD  
 APT. 29  
 City BOHEMIA State NY Zip Code 11716-3923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 1199 SEIU Occupation VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10025**  
 Amount of Each Receipt this Period  
 300.00  
 PAYROLL DEDUCTION OF \$50 PER MONTH

**B. ISAAC NORTEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3535 DEKALB AVENUE #2C  
 City BRONX State NY Zip Code 10467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 1199 SEIU Occupation VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10286**  
 Amount of Each Receipt this Period  
 100.00  
 PAYROLL DEDUCTION OF \$20 PER MONTH

**C. ROSEMARIE OLIVIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 179 ELIZABETH STREET  
 City WESTBURY State NY Zip Code 11590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AVALON GARDENS REHAB & HCC Occupation CERTIFIED NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10287**  
 Amount of Each Receipt this Period  
 80.00  
 PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	480.00
<b>TOTAL</b> 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 66 OF 125
	<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. Beritta Omwanda**  
Full Name (Last, First, Middle Initial)

Mailing Address 31 Fourth Street

City Woodbridge State NJ Zip Code 07075

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

Name of Employer Emerson Convalescent Ctr Occupation Certified Nursing Aide

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10442**

Amount of Each Receipt this Period  
**90.00**

PAYROLL DEDUCTION

**B. DANIELLE OPHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4913 ST. GEMMA ROAD  
APT 1C

City BALTIMORE State MD Zip Code 21229

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

Name of Employer THI-ELLCOTT CITY Occupation HOUSEKEEPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10288**

Amount of Each Receipt this Period  
**110.00**

PAYROLL DEDUCTION

**C. Juliet Orinion**  
Full Name (Last, First, Middle Initial)

Mailing Address 283 DEAL CT

City Staten Island State NY Zip Code 10305-3010

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

Name of Employer Hamilton Pk Nursing Rehab Ctr Occupation Licensed Practical Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10289**

Amount of Each Receipt this Period  
**90.00**

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **290.00**

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

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

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

FOR LINE NUMBER: PAGE 67 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dinorah Ortega**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 362 SUTTER AVE APT 6D  
 City State Zip Code  
 Brooklyn NY 11212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 B.H.R.A.G.S. Home Care Health Aide  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10290**  
 Amount of Each Receipt this Period  
 90.00  
 PAYROLL DEDUCTION

**B. Elba Osorio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 ROOSEVELT DR  
 City State Zip Code  
 West Haverstraw NY 10993-1013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Medical College Secretary III  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 276.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10291**  
 Amount of Each Receipt this Period  
 120.00  
 PAYROLL DEDUCTION

**C. MYRA PADILLA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 423 BALTIC STREET  
 City State Zip Code  
 BROOKLYN NY 11217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RITE AID CLERK  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10292**  
 Amount of Each Receipt this Period  
 110.00  
 PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 320.00  
**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 68 OF 125
	<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. FRANCES PAGE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5301 SMITH DRIVE  
City INDIAN HEAD State MD Zip Code 20640  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CIVISTA MEDICAL CENTER Occupation CLINICAL NURSE II  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10293**  
Amount of Each Receipt this Period 90.00  
PAYROLL DEDUCTION

**B. BARBARA PARKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2902 E MONUMENT STREET  
City BALTIMORE State MD Zip Code 21207  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ROCK KGLN NURSING AND REHAB. Occupation DIETARY STAFF  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10294**  
Amount of Each Receipt this Period 100.00  
PAYROLL DEDUCTION OF \$20 PER MONTH

**C. JUANITA PERKINS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2430 7TH AVE APT 13H  
City NEW YORK State NY Zip Code 10030-1620  
FEC ID number of contributing federal political committee. **C**  
Name of Employer 1199 SEIU Occupation ORGANIZER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10295**  
Amount of Each Receipt this Period 100.00  
PAYROLL DEDUCTION OF \$20 PER MONTH

**SUBTOTAL** of Receipts This Page (optional).....▶ 290.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 69 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. CHITRAWATTEE PERSAUD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 853 CRANFORD AVENUE  
 City BRONX State NY Zip Code 10466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BEST CARE, INC. Occupation HOME HEALTH AIDE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10296**  
 Amount of Each Receipt this Period  
 105.00  
 PAYROLL DEDUCTION

**B. Solly Philip**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9080A Town And Country Blvd  
 City Ellicott City State MD Zip Code 21043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THI - Ellicott City Occupation Geriatric Nursing Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10297**  
 Amount of Each Receipt this Period  
 110.00  
 PAYROLL DEDUCTION

**C. VASPER PHILLIPS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21930 130TH DR  
 City LAURELTON State NY Zip Code 11413-1219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 1199 SEIU Occupation VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10298**  
 Amount of Each Receipt this Period  
 100.00  
 PAYROLL DEDUCTION OF \$20 PER MONTH

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 315.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 OF 125
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. ELOUISE PIERRE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 1411 NY AVE APT 6C		<b>Transaction ID : SA11AI.10299</b>
City BROOKLYN	State NY	Zip Code 11210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 88.34
Name of Employer BROOKLYN QUEENS NURSING HOME	Occupation NURSING-AIDE	PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.59	

Full Name (Last, First, Middle Initial) <b>B. MARILYN PIERRE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 251 Elmont Rd		<b>Transaction ID : SA11AI.10300</b>
City Elmont	State NY	Zip Code 11003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer Park Ave Ext Care	Occupation Nursing Aide	PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Rosie PRUITT</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 293 Emslie Street		<b>Transaction ID : SA11AI.10301</b>
City Buffalo	State NY	Zip Code 14206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Delaware Nursing and Rehab	Occupation Housekeeping Aide	PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	318.34
<b>TOTAL</b> 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 71 OF 125
	<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. SHAWNA RADDER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10739 ALEXANDER ROAD  
City ATTICA State NY Zip Code 14011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MEDINA MEMORIAL HOSPITAL RN Occupation OBSTETRICS  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.10302**  
Amount of Each Receipt this Period **60.00**  
PAYROLL DEDUCTION

**B. Michelle Radecki**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6818 16th Ave  
City Brooklyn State NY Zip Code 11204-5042  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hamilton Park Nursing & Rehab Occupation Dietary Aide  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **210.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.10303**  
Amount of Each Receipt this Period **90.00**  
PAYROLL DEDUCTION

**C. Maria Ramirez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1240 SUTTER AVE 2D Apt.2-D  
City Brooklyn State NY Zip Code 11208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer People Care Inc. DFTA Occupation Heath Aide  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **220.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.10304**  
Amount of Each Receipt this Period **100.00**  
PAYROLL DEDUCTION OF \$20 PER MONTH

**SUBTOTAL** of Receipts This Page (optional)..... **250.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 125
	<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. SKIA RAYE-JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3500 CIARERCE AVENUE  
 City BALTIMORE State MD Zip Code 21213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HARBORSIDE HEALTHCARE/HARTFORD Occupation CERTIFIED NURSING ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10305**  
 Amount of Each Receipt this Period 80.00  
 PAYROLL DEDUCTION

**B. SANDRA RICHARDSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2718 THE ALAMEDA  
 City BALITIMORE State MD Zip Code 21218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GENESIS- HOMEWOOD CENTER Occupation LAUNDRY AIDE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10306**  
 Amount of Each Receipt this Period 100.00  
 PAYROLL DEDUCTION

**C. Helen Rivera**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 824 Avenue C Apt A5  
 City Bayonne State NJ Zip Code 07002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carmel Richmond Healthcare Occupation Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10418**  
 Amount of Each Receipt this Period 100.00  
 PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 280.00  
**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 73 OF 125
	<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. Julia Rivera**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O BOX 170388...  
#C4

City State Zip Code  
Ozone Park NY 11417

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

Name of Employer Occupation  
People Care Inc. DFTA Patient Care Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10307

Amount of Each Receipt this Period  
100.00

PAYROLL DEDUCTION

**B. RHADAMES RIVERA**  
Full Name (Last, First, Middle Initial)

Mailing Address 664 THWAITES PL  
APT 2C

City State Zip Code  
BRONX NY 10467-7932

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

Name of Employer Occupation  
1199 SEIU VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10308

Amount of Each Receipt this Period  
100.00

PAYROLL DEDUCTION OF \$20 PER MONTH

**C. Joanne Rochon**  
Full Name (Last, First, Middle Initial)

Mailing Address 12034 QUEENS BLVD., #333

City State Zip Code  
KEW GARDENS NY 11415

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

Name of Employer Occupation  
Department of Health UNKNOWN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10415

Amount of Each Receipt this Period  
90.00

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 290.00

**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 74 OF 125
	<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. MARCELLO RODRIGUEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 650 VICTORY BLVD  
 APT 2K  
 City STATEN ISLAND State NY Zip Code 10301-3550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 1199 SEIU Occupation ORGANIZER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10309**  
 Amount of Each Receipt this Period  
**100.00**  
 PAYROLL DEDUCTION

**B. Melba Rodriguez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Montauk Ave # 2 R  
 City Brooklyn State NY Zip Code 11208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer B.H.R.A.G.S. Home Care Occupation Home Attendant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10310**  
 Amount of Each Receipt this Period  
**90.00**  
 PAYROLL DEDUCTION

**C. RAMON RODRIGUEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 741  
 City NEW YORK State NY Zip Code 10108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 1199 SEIU Occupation EDUCATION COORDINATOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10311**  
 Amount of Each Receipt this Period  
**125.00**  
 PAYROLL DEDUCTION OF \$25 PER MONTH

**SUBTOTAL** of Receipts This Page (optional)..... **315.00**  
**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 75 OF 125
	<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. Ramona Rodriguez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1119 Foster Avenue Apt 1F  
City Brooklyn State NY Zip Code 11230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer B.H.R.A.G.S. Home Care Occupation Home Attendant  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **210.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.10312**  
Amount of Each Receipt this Period **90.00**  
PAYROLL DEDUCTION

**B. Persida Roman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 241 61st Street  
City Brooklyn State NY Zip Code 11220-1902  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lutheran Medical Center Occupation Laboratory Assistant  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.10313**  
Amount of Each Receipt this Period **110.00**  
PAYROLL DEDUCTION

**C. RITA ROSAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1514 SEDWICK AVENUE APT 10D  
City BRONX State NY Zip Code 10453  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NEW YORK PRESBYTERIAN HOSPITAL Occupation NURSING ATTENDANT  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **210.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.10314**  
Amount of Each Receipt this Period **90.00**  
PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... **290.00**  
**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 76 OF 125
	<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. KIM ROSS**  
Full Name (Last, First, Middle Initial)

Mailing Address 106 WEST 142ND STREET  
APT. 1D

City NEW YORK State NY Zip Code 10030

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

Name of Employer BEST CARE, INC. Occupation HOME HEALTH AIDE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10315**

Amount of Each Receipt this Period  
110.00

PAYROLL DEDUCTION

**B. ONIKA RUSSELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 543 EAST 21ST STREET  
APT E1

City BROOKLYN State NY Zip Code 11226

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

Name of Employer BROOKDALE HOSPITAL MEDICAL CTR Occupation CLERK, ADMITTING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10316**

Amount of Each Receipt this Period  
90.00

PAYROLL DEDUCTION

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

Mailing Address 11 NW 154TH STREET

City MIAMI State FL Zip Code 33169

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

Name of Employer 1199 SEIU Occupation EXECUTIVE VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
704.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10057**

Amount of Each Receipt this Period  
384.00

PAYROLL DEDUCTION OF \$64 PER MONTH

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 584.00

**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 77 OF 125
	<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. LAURA SALAZAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108-46 38TH AVE  
 APT 1F  
 City CORONA State NY Zip Code 11368  
 Name of Employer PEOPLE CARE INC. Occupation PATIENT CARE ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Name of Employer Occupation  
 PEOPLE CARE INC. PATIENT CARE ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10317**  
 Amount of Each Receipt this Period  
 125.00  
 PAYROLL DEDUCTION

**B. Johnny Salisbury**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2991 Thomas Rd  
 City Bryans Road State MD Zip Code 20616  
 Name of Employer THI - Fort Washington Occupation Floor Technician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Name of Employer Occupation  
 THI - Fort Washington Floor Technician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10318**  
 Amount of Each Receipt this Period  
 110.00  
 PAYROLL DEDUCTION

**C. ANA SANCHEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3204 PARK AVE  
 APT 14H  
 City BRONX State NY Zip Code 10451  
 Name of Employer PEOPLE CARE Occupation HOME ATTENDANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Name of Employer Occupation  
 PEOPLE CARE HOME ATTENDANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10319**  
 Amount of Each Receipt this Period  
 200.00  
 PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 435.00  
**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 78 OF 125
	<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. DIANE SANDERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2206 CORTELYOU ROAD

City State Zip Code  
BROOKLYN NY 11226

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

Name of Employer Occupation  
1199 SEIU ORGANIZER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10320

Amount of Each Receipt this Period  
100.00  
PAYROLL DEDUCTION OF \$20 PER MONTH

**B. SALUSTIANA SANTANA**  
Full Name (Last, First, Middle Initial)

Mailing Address 36 ARDEN STREET  
APT. 4E

City State Zip Code  
NEW YORK NY 10040

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

Name of Employer Occupation  
BEST CARE, INC. HOME HEALTH AIDE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10321

Amount of Each Receipt this Period  
110.00  
PAYROLL DEDUCTION

**C. Mara Santos**  
Full Name (Last, First, Middle Initial)

Mailing Address 661 Cortlandt Street

City State Zip Code  
Perth Amboy NJ 08861

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

Name of Employer Occupation  
Aristacare-Alameda Ctr Licensed Practical Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10421

Amount of Each Receipt this Period  
90.00  
PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**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 79 OF 125
	<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. Grace Sapini**  
Full Name (Last, First, Middle Initial)

Mailing Address 142 Gilroy Avenue

City Hempstead State NY Zip Code 11553

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

Name of Employer Long Island Jewish Medical Occupation Nursing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10322**

Amount of Each Receipt this Period  
**90.00**

PAYROLL DEDUCTION

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

Mailing Address 8 LYNN STREET

City NANUET State NY Zip Code 10954

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

Name of Employer RITE AID Occupation PHARMACY CASHIER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10324**

Amount of Each Receipt this Period  
**280.00**

PAYROLL DEDUCTION

**C. Harriet Sausner**  
Full Name (Last, First, Middle Initial)

Mailing Address 5660 SW 6th Street

City Plantation State FL Zip Code 33317

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

Name of Employer 1199 SEIU Occupation Finance Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10325**

Amount of Each Receipt this Period  
**240.00**

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **610.00**

**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 80 OF 125
	<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**

Full Name (Last, First, Middle Initial) <b>A. ANGELLA SCARLETT</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 429 DUMONT AVENUE APT. 2F		<b>Transaction ID : SA11AI.10326</b>
City BROOKLYN	State NY	Zip Code 11212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 77.00
Name of Employer PERSONAL TOUCH HOME CARE OF NY	Occupation PERSONAL CARE AIDE	PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.00	

Full Name (Last, First, Middle Initial) <b>B. RICHARD SCHERB</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 1163 LAKE AVENUE		<b>Transaction ID : SA11AI.10327</b>
City CLARK	State NJ	Zip Code 07066
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 137.50
Name of Employer LUTHERAN MEDICAL CENTER	Occupation PARAMEDIC	PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. SHAKUNTALA SEEBARRAN</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 2764 BOUCK AVENUE		<b>Transaction ID : SA11AI.10328</b>
City BRONX	State NY	Zip Code 10469
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer JEWISH HOME & HOSPITAL	Occupation CERTIFIED NURSING ASSISTANT	PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	304.50
<b>TOTAL</b> 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 81 OF 125
	<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. Mireille Seignon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1102 E 54TH ST # 1  
City Brooklyn State NY Zip Code 11234-1603  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hamilton Park Nursing & Rehab Occupation Nurses Aide  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **210.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.10329**  
Amount of Each Receipt this Period **90.00**  
PAYROLL DEDUCTION

**B. Marina SHARIFOUA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 435 Neptune Avenue #11D  
City Brooklyn State NY Zip Code 11224  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nephrology Fd of Brooklyn Occupation Patient Care Technician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **230.88**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.10330**  
Amount of Each Receipt this Period **105.82**  
PAYROLL DEDUCTION

**C. BRENDAN SHAW**  
Full Name (Last, First, Middle Initial)  
Mailing Address 297 DRIGGS AVENUE, #2B  
City BROOKLYN State NY Zip Code 11222  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SEIU COMMUNICATIONS CENTER INC Occupation DIRECTOR OF COMMUNICATION  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.10331**  
Amount of Each Receipt this Period **150.00**  
PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... **345.82**  
**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 82 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. ANTOINETTE SHEPHERD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 WINDING WOOD DRIVE, APT. 5A  
 City SAYREVILLE State NJ Zip Code 08846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMBOY CARE CENTER - HEALTHCARE Occupation NURSES AID  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10332**  
 Amount of Each Receipt this Period 90.00  
 PAYROLL DEDUCTION

**B. EILEEN SHEPHERD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 LINDEN BLVD. APT. C15  
 City BROOKLYN State NY Zip Code 11226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BEST CARE, INC. Occupation HOME HEALTH AIDE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10333**  
 Amount of Each Receipt this Period 105.00  
 PAYROLL DEDUCTION

**C. ALLAN SHERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 414 E 204TH ST APT 2G  
 City BRONX State NY Zip Code 10467-5010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 1199 SEIU Occupation VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10334**  
 Amount of Each Receipt this Period 100.00  
 PAYROLL DEDUCTION OF \$20 PER MONTH

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 295.00  
**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 83 OF 125
	<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. JULIANA SHERMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 960 PARK PLACE

City BROOKLYN State NY Zip Code 11213-1803

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

Name of Employer 1199 SEIU Occupation ORGANIZER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : SA11AI.10335**

Amount of Each Receipt this Period  
 100.00

PAYROLL DEDUCTION OF \$20 PER MONTH

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

Mailing Address 952 E 218TH STREET

City BRONX State NY Zip Code 10469-1006

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

Name of Employer 1199 SEIU Occupation EXECUTIVE VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : SA11AI.10076**

Amount of Each Receipt this Period  
 300.00

PAYROLL DEDUCTION OF \$50 PER MONTH

**C. CARMEN SHUM**  
Full Name (Last, First, Middle Initial)

Mailing Address 734 59TH STREET  
APT. 1R

City BROOKLYN State NY Zip Code 11220

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

Name of Employer BETH ISRAEL MEDICAL CENTER Occupation REGISTERED NURSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 433.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : SA11AI.10336**

Amount of Each Receipt this Period  
 259.98

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 659.98

**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 84 OF 125
	<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"/>	<input type="checkbox"/> 17

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

**A. Shajia Siddiqi**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 17 DEKRUIF PL # 17L

City Bronx State NY Zip Code 10475

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

Name of Employer Department Of Health Occupation UNKNOWN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : SA11AI.10337**

Amount of Each Receipt this Period  
 90.00

PAYROLL DEDUCTION

**B. SAMUEL SIERRA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1859 MADISON STREET APT. 3R

City RIDGEWOOD State NY Zip Code 11385

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

Name of Employer LUTHERAN MEDICAL CENTER Occupation SENIOR PATIENT SERVICE ASSOC.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : SA11AI.10338**

Amount of Each Receipt this Period  
 165.00

PAYROLL DEDUCTION

**C. BYRON SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1878 ADAM CLAYTON POWELL JR APT. 27

City NEW YORK State NY Zip Code 10026-2834

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

Name of Employer 1199 SEIU Occupation ORGANIZER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : SA11AI.10339**

Amount of Each Receipt this Period  
 125.00

PAYROLL DEDUCTION OF \$25 PER MONTH

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 380.00

**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 85 OF 125
	<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. Nicholas Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 260 Norwell Street

City Dorchester State MA Zip Code 02124

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

Name of Employer 1199 SEIU Occupation Political Organizer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10424

Amount of Each Receipt this Period  
100.00  
PAYROLL DEDUCTION OF \$20 PER MONTH

**B. Isabelita Sombillo**  
Full Name (Last, First, Middle Initial)

Mailing Address 135 Correja Avenue

City Iselin State NJ Zip Code 08830

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

Name of Employer 1199 SEIU Occupation Lead Organizer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10427

Amount of Each Receipt this Period  
100.00  
PAYROLL DEDUCTION OF \$20 PER MONTH

**C. GREGORY SPELLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 79 WRENTHAM ST

City KINGSTON State NY Zip Code 12401-2115

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

Name of Employer 1199 SEIU Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
Transaction ID : SA11AI.10340

Amount of Each Receipt this Period  
100.00  
PAYROLL DEDUCTION OF \$20 PER MONTH

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**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 86 OF 125
	<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. LUDMILA STARBUCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1230 AVENUE X  
 APT. 1E  
 City BROOKLYLN State NY Zip Code 11235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BEST CARE, INC. Occupation HOME HEALTH AIDE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10341**  
 Amount of Each Receipt this Period  
**105.00**  
 PAYROLL DEDUCTION

**B. Jeanis Stoby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1604 East 95th Street  
 City Brooklyn State NY Zip Code 11236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Partners In Care Occupation Home Health Aide  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10342**  
 Amount of Each Receipt this Period  
**100.00**  
 PAYROLL DEDUCTION OF \$20 PER MONTH

**C. YAWAH TAMBA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 906 FAIRVIEW AVENUE  
 APT. 2  
 City TOKOMA PARK State MD Zip Code 20912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THI-FORESTVILLE Occupation GERIATRIC NURSE AIDE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10343**  
 Amount of Each Receipt this Period  
**110.00**  
 PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>315.00</b>
<b>TOTAL</b> 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 87 OF 125
	<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**

Full Name (Last, First, Middle Initial)  
**A. GEORGIA TAYLOR**

Mailing Address 1303 BRUNSWICK AVE

City FAR ROCKAWAY State NY Zip Code 11691-3906

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

Name of Employer PARTNERS IN CARE Occupation HOME HEALTH AIDE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
209.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10345**

Amount of Each Receipt this Period  
 95.00  
 PAYROLL DEDUCTION OF \$19 PER MONTH

Full Name (Last, First, Middle Initial)  
**B. Rocio Taylor**

Mailing Address 88 Brooklyn Avenue #A6

City Brooklyn State NY Zip Code 11216

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

Name of Employer Lutheran Medical Center Occupation Home Attendant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10346**

Amount of Each Receipt this Period  
 110.00  
 PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)  
**C. CLARE THOMPSON**

Mailing Address 1075 ANNA STREET

City TEANECK State NJ Zip Code 07666

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

Name of Employer 1199 SEIU Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10347**

Amount of Each Receipt this Period  
 125.00  
 PAYROLL DEDUCTION OF \$25 PER MONTH

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 330.00

**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 88 OF 125
	<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. ETHELA THOMPSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5423 AVENUE M  
City BROOKLYN State NY Zip Code 11234  
FEC ID number of contributing federal political committee. **C**  
Name of Employer KIND CARE Occupation HOME ATTENDANT  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **220.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.10348**  
Amount of Each Receipt this Period **100.00**  
PAYROLL DEDUCTION OF \$20 PER MONTH

**B. Karen Thompson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 735 East 182nd St. #5A  
City Bronx State NY Zip Code 10457  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Jewish Home & Hospital Occupation APPOINTMENT CLERK  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **220.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.10349**  
Amount of Each Receipt this Period **100.00**  
PAYROLL DEDUCTION OF \$20 PER MONTH

**C. SHARIN THOMSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 627  
City RIDGE State NY Zip Code 11961-3013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer 1199 SEIU Occupation ORGANIZER  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **220.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.10350**  
Amount of Each Receipt this Period **100.00**  
PAYROLL DEDUCTION OF \$20 PER MONTH

**SUBTOTAL** of Receipts This Page (optional)..... **300.00**  
**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 89 OF 125
	<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**

Full Name (Last, First, Middle Initial) <b>A. SANDRA TILLMAN</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : SA11AI.10351</b>
Mailing Address 4108 POTTER ST APT 102		Amount of Each Receipt this Period 100.00 PAYROLL DEDUCTION OF \$20 PER MONTH
City BALTIMORE	State MD	Zip Code 21229
FEC ID number of contributing federal political committee. C	Name of Employer ROCK GLEN NURSING AND REHAB	Occupation DIETARY STAFF
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. ANTOINETTE TURNER</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : SA11AI.10352</b>
Mailing Address 610 LUCKY LEAF CIRCLE		Amount of Each Receipt this Period 100.00 PAYROLL DEDUCTION OF \$20 PER MONTH
City CATONSVILLE	State MD	Zip Code 21228
FEC ID number of contributing federal political committee. C	Name of Employer 1199 SEIU	Occupation ORGANIZER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. VERONICA TURNER-BIGGS</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : SA11AI.10429</b>
Mailing Address 7009 BUCHANAN ROAD		Amount of Each Receipt this Period 100.00 PAYROLL DEDUCTION OF \$20 PER MONTH
City CAMP SPRINGS	State MD	Zip Code 20748
FEC ID number of contributing federal political committee. C	Name of Employer 1199 SEIU	Occupation VICE PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 90 OF 125
	<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	<input type="checkbox"/> 17

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

**A. SHARON UDELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 482 SOUTH STREET  
APT C

City LOCKPORT State NY Zip Code 14094

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

Name of Employer MT. ST. MARY'S Occupation NURSE ATTENDANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10353**

Amount of Each Receipt this Period  
90.00

PAYROLL DEDUCTION

**B. MARIA BERNADETTE UY**  
Full Name (Last, First, Middle Initial)

Mailing Address 84-33 56TH AVENUE  
FL. 1

City ELMHURST State NY Zip Code 11373

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

Name of Employer WORKERS CIRCLE-144 Occupation REGISTERED NURSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10354**

Amount of Each Receipt this Period  
190.00

PAYROLL DEDUCTION

**C. NELSON VALDEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 6644 PALISADE AVE

City WEST NEW YORK State NJ Zip Code 07093-2422

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

Name of Employer 1199 SEIU Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10355**

Amount of Each Receipt this Period  
100.00

PAYROLL DEDUCTION OF \$20 PER MONTH

**SUBTOTAL** of Receipts This Page (optional).....▶ 380.00

**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 91 OF 125
	<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. Susan Van Etten**  
Full Name (Last, First, Middle Initial)

Mailing Address 208 AVE 0

City Matamoras State PA Zip Code 18336

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

Name of Employer Orange Regional Medical Ctr Occupation Registered Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10356**

Amount of Each Receipt this Period  
 75.00  
 PAYROLL DEDUCTION OF \$25 PER MONTH

**B. YARISSA VARGAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1050 LOWELL STREET APT. 3B

City BRONX State NY Zip Code 10459

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

Name of Employer BEST CARE, INC. Occupation PERSONAL CARE AIDE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10357**

Amount of Each Receipt this Period  
 110.00  
 PAYROLL DEDUCTION

**C. ANA VAZQUEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 8640 16TH AVENUE APT. B5

City BROOKLYN State NY Zip Code 11214

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

Name of Employer 1199 SEIU Occupation ORGANIZER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10358**

Amount of Each Receipt this Period  
 240.00  
 PAYROLL DEDUCTION OF \$40 PER MONTH

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00

**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 92 OF 125
	<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**

Full Name (Last, First, Middle Initial) <b>A. MARIA VAZQUEZ</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : SA11AI.10432</b>
Mailing Address 11 BEACH ROAD APT 18		Amount of Each Receipt this Period 100.00 PAYROLL DEDUCTION OF \$20 PER MONTH
City LYNN	State MA	Zip Code 01902
FEC ID number of contributing federal political committee.	C	
Name of Employer 1199 SEIU	Occupation Organizer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Judith Vilson</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : SA11AI.10359</b>
Mailing Address 1357 East 95th Street # PH		Amount of Each Receipt this Period 95.82 PAYROLL DEDUCTION
City Brooklyn	State NY	Zip Code 11236
FEC ID number of contributing federal political committee.	C	
Name of Employer Brooklyn Hospital	Occupation Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.26	

Full Name (Last, First, Middle Initial) <b>C. JEFFREY VOGEL</b>		Date of Receipt 12 / 31 / 2011 <b>Transaction ID : SA11AI.10360</b>
Mailing Address 4801 42ND STREET, APT 4D		Amount of Each Receipt this Period 100.00 PAYROLL DEDUCTION
City SUNNYSIDE	State NY	Zip Code 11104
FEC ID number of contributing federal political committee.	C	
Name of Employer BETH ISRAEL MEDICAL CTR-PETRIE	Occupation TECHNICAL/PROFESSIONAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	295.82
<b>TOTAL</b> 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 93 OF 125
	<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. LAWRENCE WALKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3471 SEYMOUR AVENUE #4B

City BRONX State NY Zip Code 10469

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

Name of Employer RITE AID Occupation CASHIER/CLERK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.88

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10361**

Amount of Each Receipt this Period 80.82

PAYROLL DEDUCTION

**B. LISA WALLACE**  
Full Name (Last, First, Middle Initial)

Mailing Address 5503 LIVINGSTON TERRACE #302

City OXON HILL State MD Zip Code 20745

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

Name of Employer 1199 SEIU Occupation ORGANIZER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10362**

Amount of Each Receipt this Period 100.00

PAYROLL DEDUCTION OF \$20 PER MONTH

**C. CLAUDIUS WATTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4228 MONTICELLO AVE

City BRONX State NY Zip Code 10466

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

Name of Employer ANDRUS RETIREMENT COMMUNITY Occupation DIETARY AIDE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10363**

Amount of Each Receipt this Period 100.00

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 280.82

**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 94 OF 125
	<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. Simon Waweru**  
Full Name (Last, First, Middle Initial)

Mailing Address 4140 Falcon Place  
Apt. 3

City Waldorf State MD Zip Code 20603

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

Name of Employer: THI - Fort Washington Occupation: Charge Nurse LPN Distinct

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10364**

Amount of Each Receipt this Period  
110.00

**PAYROLL DEDUCTION**

**B. Cecilia Wcisio**  
Full Name (Last, First, Middle Initial)

Mailing Address 507 APPLETON STREET

City ARLINGTON State MA Zip Code 02476

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

Name of Employer: 1199 SEIU Occupation: Assistant Division Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10435**

Amount of Each Receipt this Period  
100.00

**PAYROLL DEDUCTION OF \$20 PER MONTH**

**C. LOIS WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1646 EAST 96TH STREET

City BROOKLYN State NY Zip Code 11236

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

Name of Employer: HOLY FAMILY HOME Occupation: NURSING ASSISTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
237.50

Date of Receipt  
12 / 31 / 2011  
**Transaction ID : SA11AI.10365**

Amount of Each Receipt this Period  
95.00

**PAYROLL DEDUCTION OF \$23.75 PER MONTH**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	305.00
<b>TOTAL</b> 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 95 OF 125
	<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. Tiara Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 5007 Cordelia Avenue

City Baltimore State MD Zip Code 21217

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

Name of Employer THI - Ellicott City Occupation Geriatric Nurse Aide

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **12 / 31 / 2011**  
Transaction ID : **SA11AI.10366**

Amount of Each Receipt this Period **180.00**

**PAYROLL DEDUCTION**

**B. WINSTON WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1057 EASTERN PKWY, APT. 3A

City BROOKLYN State NY Zip Code 11213

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

Name of Employer BETH ISRAEL KINGS HIGHWAY Occupation HOUSEKEEPING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **216.70**

Date of Receipt **12 / 31 / 2011**  
Transaction ID : **SA11AI.10367**

Amount of Each Receipt this Period **86.68**

**PAYROLL DEDUCTION OF \$21.67 PER MONTH**

**C. BENICIA WILLIAMS-DELACRUZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 747 MCDONOUGH STREET 1B

City BROOKLYN State NY Zip Code 11233

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

Name of Employer 1199 SEIU Occupation ORGANIZER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **12 / 31 / 2011**  
Transaction ID : **SA11AI.10368**

Amount of Each Receipt this Period **150.00**

**PAYROLL DEDUCTION OF \$30 PER MONTH**

**SUBTOTAL** of Receipts This Page (optional)..... **416.68**

**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 96 OF 125
	<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. JANICE WILLIAMS-MYERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 PARTINGTON PL  
 City NEW PALTZ State NY Zip Code 12561-4423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 1199 SEIU Occupation POLITICAL ORGANIZER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10369**  
 Amount of Each Receipt this Period 100.00  
 PAYROLL DEDUCTION OF \$20 PER MONTH

**B. JIMMY WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2902 E MONUMENT ST  
 City BALTIMORE State MD Zip Code 21205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ROCK GLEN NURSING AND REHAB Occupation DIETARY STAFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10370**  
 Amount of Each Receipt this Period 100.00  
 PAYROLL DEDUCTION OF \$20 PER MONTH

**C. JEREMY WINFRED**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 82 ROSLYN STREET  
 City ROCHESTER State NY Zip Code 14619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STRONG MEMORIAL HOSPITAL Occupation ENVIRONMENTAL SVC. WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 31 / 2011  
**Transaction ID : SA11AI.10371**  
 Amount of Each Receipt this Period 240.00  
 PAYROLL DEDUCTION OF \$40 PER MONTH

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	440.00
<b>TOTAL</b> 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 97 OF 125
	<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. Brenda Winslow**  
Full Name (Last, First, Middle Initial)

Mailing Address 198 Shepard Avenue

City Teaneck State NJ Zip Code 07666

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

Name of Employer Emerson Convalescent Ctr Occupation Certified Nursing Aide

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10438**

Amount of Each Receipt this Period  
**90.00**

PAYROLL DEDUCTION

**B. CYNTHIA WOLFF**  
Full Name (Last, First, Middle Initial)

Mailing Address 162 WILBUR AVENUE  
APT 507

City KINGSTON State NY Zip Code 12401

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

Name of Employer 1199 SEIU Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10372**

Amount of Each Receipt this Period  
**100.00**

PAYROLL DEDUCTION OF \$20 PER MONTH

**C. ERNEST WONG**  
Full Name (Last, First, Middle Initial)

Mailing Address 2815 W 19TH ST

City BROOKLYN State NY Zip Code 11224-2513

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

Name of Employer WORKERS PARTICIPATION FUND GNY Occupation CONTRACT ADMINISTRATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.10373**

Amount of Each Receipt this Period  
**100.00**

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **290.00**

**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 98 OF 125
	<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. Darlene Worthington**  
Full Name (Last, First, Middle Initial)

Mailing Address 629 Middlesex Road

City Baltimore State MD Zip Code 21221

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

Name of Employer Sodexho @ Saint. Joseph's Hosp Occupation Food Service Worker II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11Al.10374**

Amount of Each Receipt this Period  
**270.00**

PAYROLL DEDUCTION

**B. DENNESSE Wray**  
Full Name (Last, First, Middle Initial)

Mailing Address 2071 5TH AVE  
APT 2D

City New York State NY Zip Code 10035

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

Name of Employer Cerebral Palsy Assoc NYS Inc Occupation Direct Care Counselor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11Al.10375**

Amount of Each Receipt this Period  
**85.00**

PAYROLL DEDUCTION

**c. Majiedha Yasin**  
Full Name (Last, First, Middle Initial)

Mailing Address 131-33 233RD STREET PVT

City Laurelton State NY Zip Code 11422

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

Name of Employer Brookdale Hospital Medical Ctr Occupation NURSING ATTENDANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **207.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11Al.10376**

Amount of Each Receipt this Period  
**71.00**

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... **426.00**

**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 99 OF 125
	<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)  
**OLGA ZILBERMAN**

Mailing Address **649 ANNADALE RD**

City **STATEN ISLAND** State **NY** Zip Code **10312**

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

Name of Employer **STELLA ORTON HOME CARE AGENCY** Occupation **PATIENT CARE ASSISTANT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
**12 / 31 / 2011**  
**Transaction ID : SA11AI.10377**

Amount of Each Receipt this Period  
**100.00**  
**PAYROLL DEDUCTION OF \$20 PER MONTH**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>33424.07</b>

**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 100 OF 125
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. TD BANK</b>		Date of Receipt
Mailing Address 1710 ROUTE 70 EAST		<input type="text" value="07"/> / <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"/>	<b>Transaction ID : SA17.10445</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="191.57"/>
Receipt For:	Aggregate Year-to-Date ▼	INTEREST INCOME
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1189.05"/>	

Full Name (Last, First, Middle Initial) <b>B. TD BANK</b>		Date of Receipt
Mailing Address 1710 ROUTE 70 EAST		<input type="text" value="08"/> / <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"/>	<b>Transaction ID : SA17.10446</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="137.19"/>
Receipt For:	Aggregate Year-to-Date ▼	INTEREST INCOME
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1326.24"/>	

Full Name (Last, First, Middle Initial) <b>C. TD BANK</b>		Date of Receipt
Mailing Address 1710 ROUTE 70 EAST		<input type="text" value="09"/> / <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"/>	<b>Transaction ID : SA17.10447</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="108.31"/>
Receipt For:	Aggregate Year-to-Date ▼	INTEREST INCOME
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1434.55"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="437.07"/>
<b>TOTAL</b> 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: (check only one)	PAGE 101 OF 125
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. TD BANK</b>		Date of Receipt
Mailing Address 1710 ROUTE 70 EAST		<input type="text" value="10"/> / <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"/>	<b>Transaction ID : SA17.10448</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="159.70"/>
Receipt For:	Aggregate Year-to-Date ▼	INTEREST INCOME
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1594.25"/>	

Full Name (Last, First, Middle Initial) <b>B. TD BANK</b>		Date of Receipt
Mailing Address 1710 ROUTE 70 EAST		<input type="text" value="11"/> / <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"/>	<b>Transaction ID : SA17.10449</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="199.68"/>
Receipt For:	Aggregate Year-to-Date ▼	INTEREST INCOME
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1793.93"/>	

Full Name (Last, First, Middle Initial) <b>C. TD BANK</b>		Date of Receipt
Mailing Address 1710 ROUTE 70 EAST		<input type="text" value="12"/> / <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"/>	<b>Transaction ID : SA17.10450</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="181.55"/>
Receipt For:	Aggregate Year-to-Date ▼	INTEREST INCOME
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1975.48"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="540.93"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="978.00"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. HOROWITZ & ULLMANN, P.C.**

Mailing Address 275 MADISON AVENUE  
SUITE 902

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement  
ACCOUNTING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2011

**Transaction ID : SB21B.10498**

Amount of Each Disbursement this Period

2650.00
---------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

2650.00
---------

2650.00
---------

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SEIU COPE FUND**

Mailing Address 1313 L STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2011

Transaction ID : **SB22.10469**

Amount of Each Disbursement this Period

1000000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. SEIU COPE FUND**

Mailing Address 1313 L STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2011

Transaction ID : **SB22.10493**

Amount of Each Disbursement this Period

1000000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. SEIU COPE FUND**

Mailing Address 1313 L STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2011

Transaction ID : **SB22.10453**

Amount of Each Disbursement this Period

1000000.00

Category/  
Type

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

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

3000000.00

3000000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. NEW YORK DEMOCRATIC LAWYERS COUNCIL**

Mailing Address 461 PARK AVENUE SOUTH, 10TH FL.

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB23.10459**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. RETHINK PAC**

Mailing Address 202 BONHAM ROAD

City DEDHAMM State MA Zip Code 02026

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB23.10495**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. RETHINK PAC**

Mailing Address 202 BONHAM ROAD

City DEDHAMM State MA Zip Code 02026

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB23.10496**

Amount of Each Disbursement this Period

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MARCELINA ALVAREZ**

Mailing Address 108-50 62ND DRIVE, #1K

City State Zip Code  
FOREST HILLS NY 11375

Purpose of Disbursement  
REFUND OF UNITEMIZED CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2011			

Transaction ID : **SB28A.10487**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. ANNIE JOHNSON**

Mailing Address 402 W 148TH ST., APT. 65

City State Zip Code  
NEW YORK NY 10031

Purpose of Disbursement  
REFUND OF UNITEMIZED CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			21			2011			

Transaction ID : **SB28A.10467**

Amount of Each Disbursement this Period

5.00
------

Full Name (Last, First, Middle Initial)

**C. BARRINGTON A. MILLER**

Mailing Address 5203 AVENUE I

City State Zip Code  
BROOKLYN NY 11234

Purpose of Disbursement  
REFUND OF UNITEMIZED CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2011			

Transaction ID : **SB28A.10484**

Amount of Each Disbursement this Period

90.00
-------

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

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

595.00
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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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MILLIE E MUSOKE**

Mailing Address 1104 CHERRY HILL DRIVE

City State Zip Code  
POUGHKEEPSIE NY 12603

Purpose of Disbursement  
REFUND OF UNITEMIZED CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2011

**Transaction ID : SB28A.10478**

Amount of Each Disbursement this Period

340.00
--------

Full Name (Last, First, Middle Initial)

**B. JENNY VARGAS**

Mailing Address 500 WEST 235TH STREET, 3B

City State Zip Code  
BRONX NY 10463

Purpose of Disbursement  
REFUND OF UNITEMIZED CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2011

**Transaction ID : SB28A.10485**

Amount of Each Disbursement this Period

350.00
--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

690.00
--------

1285.00
---------

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. 1199 FEDERAL CREDIT UNION**

Mailing Address 426 EAST 22NS STREET, #3K

City State Zip Code  
BROOKLYN NY 11226

Purpose of Disbursement  
REFUND OF CONTRIBUTION-LENNOX GRUMBLE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2011

**Transaction ID : SB29.10473**

Amount of Each Disbursement this Period

400.00
--------

Full Name (Last, First, Middle Initial)

**B. 1199 SEIU DUES ACCOUNT**

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City State Zip Code  
NEW YORK NY 10036

Purpose of Disbursement  
REFUND OF REMITTANCE IN ERROR

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2011

**Transaction ID : SB29.10480**

Amount of Each Disbursement this Period

28.16
-------

Full Name (Last, First, Middle Initial)

**C. 1199 SEIU DUES ACCOUNT**

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City State Zip Code  
NEW YORK NY 10036

Purpose of Disbursement  
REFUND OF REMITTANCE IN ERROR

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2011

**Transaction ID : SB29.10451**

Amount of Each Disbursement this Period

487.70
--------

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

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

915.86
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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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. 1199 SEIU DUES ACCOUNT**

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement  
REFUND OF REMITTANCE IN ERROR

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 18 / 2011

Transaction ID : **SB29.10454**

Amount of Each Disbursement this Period

25.60

Full Name (Last, First, Middle Initial)

**B. 1199 SEIU DUES ACCOUNT**

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement  
REFUND OF REMITTANCE IN ERROR

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 18 / 2011

Transaction ID : **SB29.10455**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. 1199 SEIU DUES ACCOUNT**

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement  
REFUND OF REMITTANCE IN ERROR

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 18 / 2011

Transaction ID : **SB29.10481**

Amount of Each Disbursement this Period

120.00

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

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

165.60

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. 1199 SEIU DUES ACCOUNT**

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement  
REFUND OF REMITTANCE IN ERROR

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2011

**Transaction ID : SB29.10456**

Amount of Each Disbursement this Period

14838.57
----------

Full Name (Last, First, Middle Initial)

**B. 1199 SEIU DUES ACCOUNT**

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement  
REFUND OF REMITTANCE IN ERROR

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2011

**Transaction ID : SB29.10457**

Amount of Each Disbursement this Period

3305.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

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

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

18143.57
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19225.03
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 110 OF 125
	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 <b>1199 SEIU UNITED HEALTHCARE WORKERS EAST</b>	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

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

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	88225.79
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 111 OF 125
	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 <b>1199 SEIU UNITED HEALTHCARE WORKERS EAST</b>	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 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 <b>1199 SEIU UNITED HEALTHCARE WORKERS EAST</b>	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 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 <b>1199 SEIU UNITED HEALTHCARE WORKERS EAST</b>	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	142513.04
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 112 OF 125
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**1199 SEIU UNITED HEALTHCARE WORKERS EAST**

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

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

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	85942.36
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 113 OF 125
	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 <b>1199 SEIU UNITED HEALTHCARE WORKERS EAST</b>	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period <input type="text" value="12962.04"/>	<b>Transaction ID : SD10.6249</b>	
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="12962.04"/>

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

Outstanding Balance Beginning This Period <input type="text" value="10997.70"/>	<b>Transaction ID : SD10.6284</b>	
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="10997.70"/>

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

Outstanding Balance Beginning This Period <input type="text" value="7231.75"/>	<b>Transaction ID : SD10.6285</b>	
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="7231.75"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="31191.49"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 114 OF 125
	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 <b>1199 SEIU UNITED HEALTHCARE WORKERS EAST</b>	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 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 <b>1199 SEIU UNITED HEALTHCARE WORKERS EAST</b>	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 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 <b>1199 SEIU UNITED HEALTHCARE WORKERS EAST</b>	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	29510.62
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 115 OF 125
	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 <b>AMERICAN EXPRESS</b>	Nature of Debt (Purpose): CATERING
Mailing Address P.O. BOX 2855	
City State Zip Code NEW YORK NY 10116-2855	

Outstanding Balance Beginning This Period 240.00	<b>Transaction ID : SD10.6289</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 240.00

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

Outstanding Balance Beginning This Period 1156.12	<b>Transaction ID : SD10.6540</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1156.12

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

Outstanding Balance Beginning This Period 43.65	<b>Transaction ID : SD10.6541</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 43.65

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1439.77
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 116 OF 125
	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 <b>LILLIAN CARINO</b>	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 45.00	<b>Transaction ID : SD10.6508</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45.00

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

Outstanding Balance Beginning This Period 1606.34	<b>Transaction ID : SD10.8322</b>	
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 <b>MACK CROUNSE GROUP</b>	Nature of Debt (Purpose): MAILINGS
Mailing Address 2001 N. BEAUREGARD ST., STE 420	
City State Zip Code ALEXANDRIA VA 22311	

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	3257.68
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 117 OF 125
	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 <b>NOVAK MEDIA INC.</b>	Nature of Debt (Purpose): RADIO BUY & PRODUCTION
Mailing Address 159 WEST MAIN STREET	
City State Zip Code WEBSTER NY 14580	

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

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	23423.45
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 118 OF 125
	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 <b>SEIU COMMUNICATIONS CENTER LLC.</b>	Nature of Debt (Purpose): PHONE BANK CALLS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

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

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	25903.87
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 119 OF 125
	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 <b>UNION TRAVEL MASTERCARD</b>	Nature of Debt (Purpose): BEVERAGE EXPENSES
Mailing Address P.O. BOX 88000	
City State Zip Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period 835.02	<b>Transaction ID : SD10.6519</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 835.02

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

Outstanding Balance Beginning This Period 435.95	<b>Transaction ID : SD10.6520</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 435.95

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

Outstanding Balance Beginning This Period 1056.95	<b>Transaction ID : SD10.6521</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1056.95

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	2327.92
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 120 OF 125
	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 <b>UNION TRAVEL MASTERCARD</b>	Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000	
City State Zip Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period 2372.04	<b>Transaction ID : SD10.6522</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2372.04

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

Outstanding Balance Beginning This Period 367.37	<b>Transaction ID : SD10.6533</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 367.37

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

Outstanding Balance Beginning This Period 262.40	<b>Transaction ID : SD10.6535</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 262.40

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	3001.81
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 121 OF 125
	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 <b>UNION TRAVEL MASTERCARD</b>	Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000	
City State Zip Code BALTIMORE MD 21288	

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

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="2116.80"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 122 OF 125
	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 <b>UNION TRAVEL MASTERCARD</b>	Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000	
City State Zip Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period 419.84	<b>Transaction ID : SD10.6539</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 419.84

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	3511.89
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 123 OF 125
	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 <b>UNION TRAVEL MASTERCARD</b>	Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000	
City State Zip Code BALTIMORE MD 21288	

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

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

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

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

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

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

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00348540
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>LAKEVIEW RESEARCH PARTNERS</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 30 / 2011</b>
<b>[MEMO ITEM]</b> Mailing Address 1726 M STREET NW, STE. 1100		Amount <span style="margin-left: 20px;">8375.00</span>
City WASHINGTON	State DC	
Zip Code 20036	<b>Transaction ID : SE.10505</b>	
Purpose of Expenditure VOTER SURVEY	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KATHY HOCHUL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">75600.00</span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) <span style="margin-left: 20px;">Special-General</span>

Full Name (Last, First, Middle Initial) of Payee <b>LAKEVIEW RESEARCH PARTNERS</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 30 / 2011</b>
Mailing Address 1726 M STREET NW, STE. 1100		Amount <span style="margin-left: 20px;">8375.00</span>
City WASHINGTON	State DC	
Zip Code 20036	<b>Transaction ID : SE.10506</b>	
Purpose of Expenditure VOTER SURVEY	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KATHY HOCHUL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">83975.00</span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) <span style="margin-left: 20px;">Special-General</span>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="margin-left: 20px;">8375.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

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.

KEVIN FINNEGAN

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**01 / 31 / 2012**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00348540
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>SEIU COMMUNICATIONS CENTER LLC.</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 12 / 2011
<b>[MEMO ITEM]</b> Mailing Address 330 WEST 42ND STREET		Amount <span style="border: 1px solid black; padding: 2px;">600.00</span>
City NEW YORK	State NY	
Zip Code 10036	<b>Transaction ID : SE.10502</b>	
Purpose of Expenditure PHONE BANKING	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KATHY HOCHUL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">75000.00</span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;">Special-General</span>

Full Name (Last, First, Middle Initial) of Payee <b>SEIU COMMUNICATIONS CENTER LLC.</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 12 / 2011
Mailing Address 330 WEST 42ND STREET		Amount <span style="border: 1px solid black; padding: 2px;">600.00</span>
City NEW YORK	State NY	
Zip Code 10036	<b>Transaction ID : SE.10503</b>	
Purpose of Expenditure PHONE BANKING	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KATHY HOCHUL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">75600.00</span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;">Special-General</span>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">600.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">8975.00</span>

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 [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2012