

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

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**

CITY

STATE

ZIP CODE

C00348540

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

09

2010

through

03

31

2010

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

Electronically Filed by KEVIN FINNEGAN

Date

04

13

2010

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

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period:

From:

M M
0 2D D
0 9Y Y Y Y
2 0 1 0

To:

M M
0 3D D
3 1Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		531218.57
(b) Cash on Hand at Beginning of Reporting Period	1243594.90	
(c) Total Receipts (from Line 19)	983543.05	1714499.38
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2227137.95	2245717.95
7. Total Disbursements (from Line 31)	21542.76	40122.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2205595.19	2205595.19
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	494470.72	

☐ 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**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	2	0	9	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	1	0

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	400.00	400.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	982609.65	1708430.64
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	983009.65	1708830.64
(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) ➤	983009.65	1708830.64
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	533.40	668.74
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	983543.05	1714499.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	983543.05	1714499.38

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	9455.00	13355.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	9455.00	13355.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	14100.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	120.00	680.00	
(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))	120.00	680.00	
29. Other Disbursements.....	11967.76	11987.76	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	21542.76	40122.76	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21542.76	40122.76	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	983009.65	1708830.64
34. Total Contribution Refunds (from Line 28(d))	120.00	680.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	982889.65	1708150.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9455.00	13355.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9455.00	13355.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

SABINA RODRIGUEZ

Mailing Address 11-15 JEROME AVE
APT 7FCity State Zip Code
BRONX NY 10452FEC ID number of contributing
federal political committee.

C

Name of Employer
BEST CARE INC.Occupation
HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: SA11AI.8125

Amount of Each Receipt this Period

200.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)

SABINA RODRIGUEZ

Mailing Address 11-15 JEROME AVE
APT 7FCity State Zip Code
BRONX NY 10452FEC ID number of contributing
federal political committee.

C

Name of Employer
BEST CARE INC.Occupation
HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.8126

Amount of Each Receipt this Period

200.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

400.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 23

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

TD BANK

Mailing Address 1710 ROUTE 70 EAST

City

CHERRY HILL

State

NJ

Zip Code

08034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

668.74

Date of Receipt

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

Transaction ID: SA17.8127

Amount of Each Receipt this Period

533.40

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)

533.40

TOTAL This Period (last page this line number only)

533.40

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 / 23

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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

HOROWITZ & ULLMANN, P.C.

Mailing Address 275 MADISON AVENUE
SUITE 902

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
ACCOUNTING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8128

Date of Disbursement

02 / 25 / 2010

Amount of Each Disbursement this Period

3580.00

B.

Full Name (Last, First, Middle Initial)

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

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8131

Date of Disbursement

03 / 25 / 2010

Amount of Each Disbursement this Period

5875.00

SUBTOTAL of Disbursements This Page (optional)

9455.00

TOTAL This Period (last page this line number only)

9455.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 23

<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

A.

Full Name (Last, First, Middle Initial)

PETRONILA GUZMAN

Mailing Address 235 EAST 202ND STREET
#2B

City BRONX State NY Zip Code 10458

Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.8129

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional)

120.00

TOTAL This Period (last page this line number only)

120.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 23

<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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

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 DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.8133

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11867.76

SUBTOTAL of Disbursements This Page (optional)

11867.76

TOTAL This Period (last page this line number only)

11867.76

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 11 / 23

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):
REIMBURSE STAFF SALARIES
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

8091.98

Transaction ID: SD10.6240

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8091.98

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):
REIMBURSE STAFF SALARIES
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

65588.32

Transaction ID: SD10.6241

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

65588.32

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):
REIMBURSE STAFF SALARIES
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

14545.49

Transaction ID: SD10.6242

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14545.49

1) **SUBTOTALS** This Period This Page (optional).....

88225.79

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 12 / 23

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 1199 SEIU UNITED HEALTHCARE WORKERS EAST

 Nature of Debt (Purpose):
 REIMBURSE STAFF SALARIES
 AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City	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
 1199 SEIU UNITED HEALTHCARE WORKERS EAST

 Nature of Debt (Purpose):
 REIMBURSE STAFF SALARIES
 AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City	State	ZIP Code
NEW YORK	NY	10036

Outstanding Balance Beginning This Period

56833.56

Transaction ID: SD10.6244

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

56833.56

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 1199 SEIU UNITED HEALTHCARE WORKERS EAST

 Nature of Debt (Purpose):
 REIMBURSE STAFF SALARIES
 AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City	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) **SUBTOTALS** This Period This Page (optional).....

142513.04

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 13 / 23

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):
REIMBURSE STAFF SALARIES
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

78033.76

Transaction ID: SD10.6246

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

78033.76

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):
REIMBURSE STAFF SALARIES
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

2812.96

Transaction ID: SD10.6247

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2812.96

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):
REIMBURSE STAFF SALARIES
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

5095.64

Transaction ID: SD10.6248

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5095.64

1) **SUBTOTALS** This Period This Page (optional).....

85942.36

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 / 23

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):
REIMBURSE STAFF SALARIES
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

12962.04

Transaction ID: SD10.6249

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12962.04

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):
REIMBURSE STAFF SALARIES
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

10997.70

Transaction ID: SD10.6284

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10997.70

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):
REIMBURSE STAFF SALARIES
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

7231.75

Transaction ID: SD10.6285

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7231.75

1) **SUBTOTALS** This Period This Page (optional).....

31191.49

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature 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
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature 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
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature 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) **SUBTOTALS** This Period This Page (optional).....

29510.62

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AMERICAN EXPRESSNature 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

Transaction ID: SD10.6289

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
AVIS RENT A CAR SYSTEM, INC.Nature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address 7876 COLLECTIONS CTR DRIVE

City State ZIP Code
CHICAGO IL 60693

Outstanding Balance Beginning This Period

1156.12

Transaction ID: SD10.6540

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
JENNY BAUERNature 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

Transaction ID: SD10.6541

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

43.65

1) **SUBTOTALS** This Period This Page (optional).....

1439.77

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
LILLIAN CARINONature of Debt (Purpose):
REIMBURSEMENT FOR TRAVEL
EXPENSESMailing Address 327 SAINT NICHOLAS AVENUE
APT. 2NCity State ZIP Code
NEW YORK NY 10027-3609

Outstanding Balance Beginning This Period

45.00

Transaction ID: SD10.6508

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
NOVAK MEDIA INC.Nature of Debt (Purpose):
RADIO BUY & PRODUCTION

Mailing Address 159 WEST MAIN STREET

City State ZIP Code
WEBSTER NY 14580

Outstanding Balance Beginning This Period

18850.00

Transaction ID: SD10.7361

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18850.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ANTONELLA PECHTELNature of Debt (Purpose):
REIMBURSEMENT CATERING EX-
PENSE

Mailing Address 401 ROSE AVE

City State ZIP Code
SCHENECTADY NY 12308

Outstanding Balance Beginning This Period

201.39

Transaction ID: SD10.6531

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

201.39

1) **SUBTOTALS** This Period This Page (optional).....

19096.39

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SEIU COMMUNICATIONS CENTER INC.Nature of Debt (Purpose):
ROBO CALLS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

4372.06

Transaction ID: SD10.7362

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4372.06

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SEIU COMMUNICATIONS CENTER INC.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

74250.00

Transaction ID: SD10.8083

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

74250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature 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

1) **SUBTOTALS** This Period This Page (optional).....

80519.53

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature 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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature 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

Transaction ID: SD10.6519

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

835.02

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature 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

Transaction ID: SD10.6520

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

435.95

1) **SUBTOTALS** This Period This Page (optional).....

3120.12

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):
 TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

1056.95

Transaction ID: SD10.6521

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1056.95

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):
 CATERING EXPENSES

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

2372.04

Transaction ID: SD10.6522

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2372.04

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):
 TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

367.37

Transaction ID: SD10.6533

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

367.37

1) **SUBTOTALS** This Period This Page (optional).....

3796.36

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature 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

Transaction ID: SD10.6535

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

262.40

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature of Debt (Purpose):
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

477.00

Transaction ID: SD10.6536

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

477.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

524.80

Transaction ID: SD10.6537

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

524.80

1) **SUBTOTALS** This Period This Page (optional).....

1264.20

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature of Debt (Purpose):
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

1115.00

Transaction ID: SD10.6538

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1115.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature 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

Transaction ID: SD10.6539

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

419.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature 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

Transaction ID: SD10.6545

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

539.45

1) **SUBTOTALS** This Period This Page (optional).....

2074.29

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature 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

Transaction ID: SD10.6546

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2552.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature of Debt (Purpose):
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

3224.16

Transaction ID: SD10.6548

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3224.16

1) **SUBTOTALS** This Period This Page (optional).....

5776.76

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

494470.72

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

494470.72