04/13/2010 10:12

Image# 10990448152

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than An Au	uthorized Committee		Office Use Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ₩	- Example:If typing, typover the lines	pe .	
1199 SERVICE EMPLOY	EES INT'L UNION FEDERAL F	POLITICAL ACTION FUND		
<u> </u>				
ADDRESS (number and street)	330 WEST 42ND STRE	ET, 7TH FLOOR		
Check if different than previously reported. (ACC)	NEW YORK		NY L	10036
2. FEC IDENTIFICATION N	UMBER ♥	CITY A	STATE	ZIPCODE 🛕
C00348540	3.	IS THIS X NEV (N)	OR AME	ENDED
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  X April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Quarterly Report July 31 Mid-Yea Report(Non-elec Year Only) (MY) Termination Rep (TER)	t(Q1)  (c) 12-Day PRE-Election Report for the:  t(Q3)  t(YE)  (d) 30-Day Post -Election Report for the:	Mar 20 (M3)  Jun  Primary (12P)  Convention (12C)	20 (M6) Sep 2 20 (M7) Oct 2	in the State of
5. Covering Period	02 09 2010	through	03 31	2010
Type or Print Name of Treasure				
- Signature of Frederick	tronically Filed by KEVIN FIN		Date 04	13 2010
Office Use	rroneous, or incomplete informat	tion may subject the person s	signing this Heport to the p	FEC FORM 3X (Rev. 12/2004)

FE6AN026

## SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS 2 / 23

FEC Form 3X (Rev. 02/2003)

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

D D " D 02 09 2010 03 3 1 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 531218.57 January 1 (b) Cash on Hand at 1243594.90 Begining of Reporting Period ..... 983543.05 1714499.38 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 2227137.95 2245717.95 6(a) and 6(c) for Column B) ..... 21542.76 40122.76 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 2205595.19 2205595.19 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 494470.72 Schedule C and/or Schedule D) ..... 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) 3 / 23

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

м м 0 2 0 9 м м 3 1 2010 2010 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 400.00 400.00 (i) Itemized (use Schedule A) ...... 982609.65 1708430.64 (ii) Unitemized ..... (iii) TOTAL (add 983009.65 1708830.64 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 983009.65 1708830.64 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 5000.00 Political Committees ..... 17. Other Federal Receipts 533.40 668.74 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 983543.05 1714499.38 12, 13, 14, 15, 16, 17, and 18(c)) ...... 20. Total Federal Receipts

983543.05

1714499.38

(subtract Line 18(c) from Line 19) .....

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 23

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		1
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	9455.00	13355.00
	Expenditures(c) Total Operating Expenditures	3433.00	13333.00
	(add 21(a)(i), (a)(ii) and (b))	9455.00	13355.00
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
24.	Independent Expenditure	0.00	14100.00
25.	(use Schedule E)	0.00	11100.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	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
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) reueral State		
	(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	0.00	0.00
	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) 5 / 23

III. Net Contribi Expendi	utions/Operating tures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (or from Line 11(d), page	,	983009.65	1708830.64
4. Total Contribution Ref (from Line 28(d))		120.00	680.00
<ol> <li>Net Contributions (oth (subtract Line 34 from</li> </ol>	' ·	982889.65	1708150.64
<ol> <li>Total Federal Operatir (add Line 21(a)(i) and</li> </ol>	• '	9455.00	13355.00
7. Offsets to Operating E (from Line 15, page 3)	·	0.00	0.00
Net Operating Expend     (subtract Line 37 from		9455.00	13355.00

FE6AN026

A.

В.

PAGE 6/23 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 **1** 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND Full Name (Last, First, Middle Initial) SABINA RODRIGUEZ Date of Receipt Mailing Address 11-15 JEROME AVE 02 28 2010 APT 7F City State Zip Code Transaction ID: SA11AI.8125 **BRONX** NY 10452 Amount of Each Receipt this Period FEC ID number of contributing 200.00 C federal political committee. PAYROLL DEDUCTION Name of Employer BEST CARE INC. Occupation HOME HEALTH ATTENDANT Receipt For: Aggregate Year-to-Date Primary General 200.00 Other (specify) Full Name (Last, First, Middle Initial) SABINA RODRIGUEZ Date of Receipt Mailing Address 11-15 JEROME AVE 0 3 3 1 2010 APT 7F City State Zip Code Transaction ID: SA11AI.8126 **BRONX** NY 10452 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. PAYROLL DEDUCTION Name of Employer BEST CARE INC. Occupation HOME HEALTH ATTENDANT Receipt For:

Aggregate Year-to-Date

400.00

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	400.00
TOTAL This Period (last page this line number only)	<b>•</b>	400.00

Primary

Other (specify)

General

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)  11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UN	ION FEDE	ERAL POLITICAL ACTION F	UND
Full Name (Last, First, Middle Initial) TD BANK Mailing Address 1710 ROUTE 70 EAST			Date of Receipt  0 3
City	State	Zip Code	Transaction ID: SA17.8127
CHERRY HILL	NJ	08034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		533.40  INTEREST INCOME
Name of Employer	Occupatio	n	INTEREST INCOME
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 668.74	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	533.40
TOTAL This Period (last page this line number only)	<b>•</b>	533.40

A.

В.

## **SCHEDULE B (FEC Form 3X)**

President

District:

FOR LINE NUMBER: PAGE 8/23 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 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 Full Name (Last, First, Middle Initial) Transaction ID: SB21B.8128 HOROWITZ & ULLMANN, P.C. Date of Disbursement 25 0 2 2010 Mailing Address 275 MADISON AVENUE SUITE 902 City State Zip Code Amount of Each Disbursement this Period **NEW YORK** NY 10016 3580.00 Purpose of Disbursement **ACCOUNTING FEES** Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary Other (specify) President State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.8131 HOROWITZ & ULLMANN, P.C. Date of Disbursement 25 0 3 2010 Mailing Address 275 MADISON AVENUE SUITE 902 City State Zip Code Amount of Each Disbursement this Period NÉW YORK 10016 NY 5875.00 Purpose of Disbursement ACCOUNTING FEES Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	9455.00
		0.455.00
TOTAL This Period (last page this line number only)		9455.00

Other (specify)

State:

#### Image# 10990448160

A.

SCHEDULE B (FEC Form 3X) FOR LINE NUMBER:	DACE 0./00		
Use separate schedule(s) (check only one)	PAGE 9/23		
TIEMIZED DISBURSEMENTS    for each category of the   Detailed Summary Page   21b   22   23   23   25	24 25 26 28c 29 30b		
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicitin or for commercial purposes, other than using the name and address of any political committee to solicit contributions from su			
NAME OF COMMITTEE (In Full)			
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND			
Full Name (Last, First, Middle Initial)  Transaction ID: SB	328A.8129		
PETRONILA GUZMAN Date of Disbursement	t		
Mailing Address 235 FAST 202ND STREET 03 7 2 2 2	03		
Mailing Address 235 EAST 202ND STREET 03 22 42 42 42 42 42 42 42 42 42 42 42 42	2010		
City State Zip Code Amount of Each Disbu	ursement this Period		
BRONX NY 10458	100.00		
Purpose of Disbursement	120.00		
REFUND OF UNITEMIZED CONTRIBUTION			
Candidate Name Category/ Type			
Office Sought: House Disbursement For: Senate Primary General			
President Other (specify)			
State: District:			

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	120.00
TOTAL This Period (last page this line number only)	<u> </u>	120.00

#### Image# 10990448161

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page  FOR LINE (check on 21b 27	PAGE 10 / 23 ly one)
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)  1199 SERVICE EMPLOYEES INT'L UNION	e and address of any political committee to so	for the purpose of soliciting contributions olicit contributions from such committee
Full Name (Last, First, Middle Initial) 1199 SEIU DUES ACCOUNT  Mailing Address 330 WEST 42ND STREE	T, 7TH FLOOR	Transaction ID: SB29.8133 Date of Disbursement  O 3 D 2 D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	State Zip Code NY 10036  NT Category/ Type	Amount of Each Disbursement this Period  11867.76
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify)	

		11867.76
SUBTOTAL of Disbursements This Page (optional)		11007.70
TOTAL This Period (last page this line number only)	•	11867.76

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

PAGE 11 / 23 FOR LINE NUMBER: 9 (check only one) X 10

ALCO OFFICIAL COVERS INT		DOLUTION!	A OTION FUND
1199 SERVICE EMPLOYEES INT'	L UNION FEDERAL	. POLITICAL	ACTION FUND

	AME OF COMMITTEE (In 1 99 SERVICE EMPLOY		FEDERAL POLITICAL ACTION FUN	D
	<b>A.</b> Full Name (Last, First 1199 SEIU UNITED H			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
	Mailing Address 330 WEST 42ND STREET		Г	
	City NEW YORK	State NY	ZIP Code 10036	
	Outstanding Balance B	<del> </del>		Transaction ID: SD10.6240
		8091.98		
	Amount Incurred		Payment This Period	Outstanding Balance at Close of This Period
		0.00	0.00	8091.98
	<b>B.</b> Full Name (Last, First 1199 SEIU UNITED H			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
	Mailing Address 330 W	EST 42ND STREET	Г	
	City NEW YORK	State NY	ZIP Code 10036	
	Outstanding Balance B	eginning This Period		Transaction ID: SD10.6241
		65588.32		
Amount Incurred This Period				
	Amount Incurred	d This Period	Payment This Period	Outstanding Balance at Close of This Period
	Amount Incurred	d This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 65588.32
	C. Full Name (Last, First 1199 SEIU UNITED H	0.00 , Middle Initial) of Debto	0.00	_ <del> </del>
	C. Full Name (Last, First	0.00 , Middle Initial) of Debto EALTHCARE WOR	o.00 r or Creditor KERS EAST	05588.32  Nature of Debt (Purpose): REIMBURSE STAFF SALARIES
	C. Full Name (Last, First 1199 SEIU UNITED H	0.00 , Middle Initial) of Debto EALTHCARE WOR	o.00 r or Creditor KERS EAST	05588.32  Nature of Debt (Purpose): REIMBURSE STAFF SALARIES
	C. Full Name (Last, First 1199 SEIU UNITED H Mailing Address 330 W	0.00  Middle Initial) of Debto EALTHCARE WOR  ZEST 42ND STREET  State NY	0.00 r or Creditor KERS EAST  ZIP Code	65588.32  Nature of Debt (Purpose): REIMBURSE STAFF SALARIES
-	C. Full Name (Last, First 1199 SEIU UNITED H Mailing Address 330 W City NEW YORK	0.00  Middle Initial) of Debto EALTHCARE WOR  ZEST 42ND STREET  State NY	0.00 r or Creditor KERS EAST  ZIP Code	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
-	C. Full Name (Last, First 1199 SEIU UNITED H Mailing Address 330 W City NEW YORK	0.00  Middle Initial) of Debto EALTHCARE WOR  EST 42ND STREET  State NY eginning This Period 14545.49	0.00 r or Creditor KERS EAST  ZIP Code	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
-	C. Full Name (Last, First 1199 SEIU UNITED H Mailing Address 330 W City NEW YORK Outstanding Balance B	0.00  Middle Initial) of Debto EALTHCARE WOR  EST 42ND STREET  State NY eginning This Period 14545.49	o.00 r or Creditor KERS EAST  ZIP Code 10036	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS  Transaction ID: SD10.6242
1)	C. Full Name (Last, First 1199 SEIU UNITED H  Mailing Address 330 W  City NEW YORK  Outstanding Balance B  Amount Incurred	0.00  Middle Initial) of Debto EALTHCARE WOR  EST 42ND STREET  State NY eginning This Period 14545.49 d This Period 0.00	O.00  r or Creditor KERS EAST  ZIP Code 10036  Payment This Period	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS  Transaction ID: SD10.6242  Outstanding Balance at Close of This Period
	C. Full Name (Last, First 1199 SEIU UNITED H  Mailing Address 330 W  City NEW YORK  Outstanding Balance B  Amount Incurred	0.00  Middle Initial) of Debto EALTHCARE WOR  ZEST 42ND STREET  State NY eginning This Period 14545.49 d This Period 0.00  od This Page (optional).	O.00 r or Creditor KERS EAST  ZIP Code 10036  Payment This Period  0.00	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS  Transaction ID: SD10.6242  Outstanding Balance at Close of This Period 14545.49
2)	C. Full Name (Last, First 1199 SEIU UNITED H  Mailing Address 330 W  City NEW YORK  Outstanding Balance B  Amount Incurred	0.00  Middle Initial) of Debto EALTHCARE WOR  ZEST 42ND STREET  State NY eginning This Period 14545.49 d This Period 0.00  od This Page (optional).	O.00 r or Creditor KERS EAST  ZIP Code 10036  Payment This Period  0.00	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS  Transaction ID: SD10.6242  Outstanding Balance at Close of This Period 14545.49

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

PAGE 12 / 23 FOR LINE NUMBER: 9 (check only one)

ALCO OFFICIAL COVERS INT		DOLUTION!	A OTION FUND
1199 SERVICE EMPLOYEES INT'	L UNION FEDERAL	. POLITICAL	ACTION FUND

Excluding Loans			numbered line)	X 10	
NAME OF COMMITTEE	E (In Full)				
1199 SERVICE EMP	PLOYEES INT'L UNION F	EDERAL POLITICAL ACTION	FUND		
	First, Middle Initial) of Debtor		Nature of De	bt (Purpose):	
1199 SEIU UNITE	ED HEALTHCARE WORK	ERS EAST	REIMBURS	SE STAFF SALARIES EFITS	
			AND BLINE	AND BENEFITO	
Mailing Address 33	30 WEST 42ND STREET				
0:4.	Ctata	710.004			
City NEW YORK	State NY	ZIP Code 10036			
		10036			
Outstanding Balar	nce Beginning This Period		Tran	saction ID: SD10.6243	
	3157.42				
Amount Inc	curred This Period	Payment This Period	Outstanding	g Balance at Close of This Period	
	0.00	0.00		3157.42	
B. Full Name (Last.	First, Middle Initial) of Debtor	or Creditor	Nature of De	bt (Purpose):	
, .	ED HEALTHCARE WORK		REIMBURS	SE STAFF SALARIES FITS	
			AND BENE	FITS	
Mailing Address 33	30 WEST 42ND STREET				
City	State	ZIP Code			
NEW YORK	NY	10036			
Outstanding Balar	nce Beginning This Period		Tran	saction ID: SD10.6244	
	56833.56				
Amount Inc	curred This Period	Payment This Period	Outstanding	g Balance at Close of This Period	
	0.00	0.00		56833.56	
	0.00	0.00		30000.30	
C Full Name (Last	First, Middle Initial) of Debtor	or Creditor	Nature of De	ht (Purnosa):	
	ED HEALTHCARE WORK		REIMBURS	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES	
			AND BENE	FITS	
Mailing Address 33	30 WEST 42ND STREET				
City	State	ZIP Code			
NEW YORK	NY	10036			
Outstanding Balar	nce Beginning This Period		Tran	saction ID: SD10.6245	
	82522.06				
Amount Inc	curred This Period	Payment This Period	Outstanding	Balance at Close of This Period	
	0.00	0.00		82522.06	
	0.00	0.00		02322.00	
1) SURTOTALS This	Period This Page (antional)		<b>•</b>	142513.04	
ij SUBTUTALS TIIIS	i enou mis rage (optional)				
2) TOTALS This Perio	d (last page this line number o	nly)	<b>▶</b>   ' '		
_,	- ( pago ano mio namon		_		
3) TOTAL OUTSTAND	DING LOANS from Schedul	e C (last page only)	▶		
		(	====================================		
4) ADD 2) and 3) and	carry forward to appropriate li	ne of Summary Page (last page only	) 🕨 🔼		

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

PAGE 13 / 23 FOR LINE NUMBER: (check only one)

9

X 10

**Excluding Loans** 

NA

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

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

PAGE 14 / 23 FOR LINE NUMBER: (check only one)

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1199 SERVICE	, ,	EDERAL POLITICAL ACTION FUN	D		
	(Last, First, Middle Initial) of Debtor JNITED HEALTHCARE WORK		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS		
Mailing Addres	Mailing Address 330 WEST 42ND STREET				
City NEW YORK	State NY	ZIP Code 10036			
Outstanding	Balance Beginning This Period		Transaction ID: SD10.6249		
	12962.04				
Amo	unt Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
	0.00	0.00	12962.04		
	(Last, First, Middle Initial) of Debtor JNITED HEALTHCARE WOR		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS		
Mailing Addres	s 330 WEST 42ND STREET				
City NEW YORK	State NY	ZIP Code 10036			
Outstanding	Balance Beginning This Period		Transaction ID: SD10.6284		
	10997.70				
Amo	unt Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
	0.00	0.00	10997.70		
	(Last, First, Middle Initial) of Debtor JNITED HEALTHCARE WORK		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS		
Mailing Addres	s 330 WEST 42ND STREET				
City NEW YORK	State NY	ZIP Code 10036			
Outstanding	Balance Beginning This Period		Transaction ID: SD10.6285		
	7231.75				
Amo	unt Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
	0.00	0.00	7231.75		
1) SUBTOTALS	This Period This Page (optional)		31191.49		
2) TOTALS This	Period (last page this line number of	only)	<b>&gt;</b>		
	TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
3) TOTAL OUTS	TANDING LOANS from Schedu	lie C (last page only)			

(Use separate schedule(s) for each numbered line) PAGE 15 / 23

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1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL	POLITICAL	<b>ACTION FUND</b>
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	ME OF COMMITTEE (In Fi 99 SERVICE EMPLOYE	,	FEDERAL POLITICAL ACTION FUND	)	
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST  Mailing Address 330 WEST 42ND STREET  City State ZIP Code NEW YORK NY 10036			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
			T		
	Outstanding Balance Be	-		Transaction ID: SD10.6286	
		3434.67			
	Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	3434.67	
	<b>B.</b> Full Name (Last, First, I 1199 SEIU UNITED HE			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
	Mailing Address 330 WE	ST 42ND STREE	Т		
	City NEW YORK	State NY	ZIP Code 10036		
	Outstanding Balance Be	ginning This Period		Transaction ID: SD10.6287	
		16789.92			
	Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	16789.92	
	C. Full Name (Last, First, I 1199 SEIU UNITED HE			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
	Mailing Address 330 WE	ST 42ND STREE	Т		
	City NEW YORK	State NY	ZIP Code 10036		
	Outstanding Balance Be	ginning This Period		Transaction ID: SD10.6288	
		9286.03			
	Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	9286.03	
1)	SUBTOTALS This Period	This Page (optional)		29510.62	
2)	TOTALS This Period (last	page this line numbe	r only)	<b>&gt;</b>	
3)	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			<b>&gt;</b>	
4)	ADD 2) and 3) and carry	forward to appropriate	e line of Summary Page (last page only)	<b>&gt;</b>	

(Use separate schedule(s) for each numbered line) PAGE 16 / 23

FOR LINE NUMBE	
(check only one)	

Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full)			
1199 SERVICE EMPLOYEES INT'L U	NION FEDERAL POLITICAL ACTION	ON FUND	
A. Full Name (Last, First, Middle Initial) of AMERICAN EXPRESS	of Debtor or Creditor	Nature of De CATERING	
Mailing Address P.O. BOX 2855			
City State NEW YORK NY	ZIP Code 10116-2855		
Outstanding Balance Beginning This P	'eriod	Tran	saction ID: SD10.6289
240.00			
Amount Incurred This Period	Payment This Period	Outstanding	Balance at Close of This Period
0.00	0.	00	240.00
B. Full Name (Last, First, Middle Initial) of AVIS RENT A CAR SYSTEM, INC.	of Debtor or Creditor	Nature of De TRAVEL E	
Mailing Address 7876 COLLECTION	IS CTR DRIVE		
City State CHICAGO IL	ZIP Code 60693		
Outstanding Balance Beginning This P	Period	Tran	saction ID: SD10.6540
1156.12			
Amount Incurred This Period	Payment This Period	Outstanding	g Balance at Close of This Period
0.00	0.	00	1156.12
C. Full Name (Last, First, Middle Initial) of JENNY BAUER	of Debtor or Creditor		bt (Purpose): SEMENT FOR CATERING S
Mailing Address 2 WILCOTT PARK			
City State MEDFORD MA	ZIP Code 02155		
Outstanding Balance Beginning This P	Period	Tran	saction ID: SD10.6541
43.65			
Amount Incurred This Period	Payment This Period		g Balance at Close of This Period
0.00	0.	00	43.65
1) SUBTOTALS This Period This Page (o	ptional)	<b>•</b>	1439.77
2) TOTALS This Period (last page this line	number only)	<b>&gt;</b>	
3) TOTAL OUTSTANDING LOANS from	n Schedule C (last page only)	<b>&gt;</b>	
4) ADD 2) and 3) and carry forward to app	ropriate line of Summary Page (last page of	only) >	

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

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ALCO OFFICIAL COVERS INT		DOLUTION!	A OTION FUND
1199 SERVICE EMPLOYEES INT'	L UNION FEDERAL	. POLITICAL	ACTION FUND

	ME OF COMMITTEE (In Fu 19 SERVICE EMPLOYE	,	EDERAL POLITICAL ACTION FUND	)	
	LILLIAN CARINO			Nature of Debt (Purpose): REIMBURSEMENT FOR TRAVEL EXPENSES	
N	Mailing Address 327 SAII APT. 2N		ENUE		
- 1	City NEW YORK	State NY	ZIP Code 10027-3609		
	Outstanding Balance Beginning This Period			Transaction ID: SD10.6508	
	Amount Incurred 7	45.00	Downant This Deviced	Outstanding Palance at Class of This Paying	
	Amount Incurred T	0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45.00	
	<ol> <li>Full Name (Last, First, M NOVAK MEDIA INC.</li> </ol>	fiddle Initial) of Debtor	or Creditor	Nature of Debt (Purpose): RADIO BUY & PRODUCTION	
N	Mailing Address 159 WE	ST MAIN STREET			
	City WEBSTER	State NY	ZIP Code 14580		
	Outstanding Balance Beg	inning This Period		Transaction ID: SD10.7361	
		18850.00			
	Amount Incurred T	<del></del>	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	18850.00	
	C. Full Name (Last, First, NANTONELLA PECHTEL		or Creditor	Nature of Debt (Purpose): REIMBURSEMENT CATERING EX-PENSE	
N	Mailing Address 401 ROS	SE AVE			
- 1	City SCHENECTADY	State NY	ZIP Code 12308		
	Outstanding Balance Beg	inning This Period		Transaction ID: SD10.6531	
		201.39			
	Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period	
		0.00	0.00	201.39	
1) \$	SUBTOTALS This Period	This Page (optional)		19096.39	
2) 1	TOTALS This Period (last p	page this line number o	nly)		
3) 1	TOTAL OUTSTANDING LO	DANS from Schedul	le C (last page only)	>	
4) /	ADD 2) and 3) and carry for	orward to appropriate li	ne of Summary Page (last page only)	>	

(Use separate schedule(s) for each numbered line) PAGE 18 / 23

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**Excluding Loans** 

	ME OF COMMITTEE (In Fi 99 SERVICE EMPLOYE	,	I 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 WE	EST 42ND STREE	ΞT		
	City State ZIP Code NEW YORK NY 10036				
	Outstanding Balance Be	ginning This Period		Transaction ID: SD10.7362	
		4372.06			
	Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	4372.06	
	<b>B.</b> Full Name (Last, First, I SEIU COMMUNICATIO			Nature of Debt (Purpose): ROBO CALLS	
	Mailing Address 330 WE	ST 42ND STREE	ΞT		
	City NEW YORK	State NY	ZIP Code 10036		
	Outstanding Balance Be	ginning This Period		Transaction ID: SD10.8083	
		74250.00			
	Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	74250.00	
	C. Full Name (Last, First, I UNION TRAVEL MAST		tor or Creditor	Nature of Debt (Purpose): CATERING EXPENSES	
	Mailing Address P.O. BO	00088 XC			
- 1	City BALTIMORE	State MD	ZIP Code 21288		
	Outstanding Balance Be	ginning This Period		Transaction ID: SD10.6517	
		1897.47			
	Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	1897.47	
1)	SUBTOTALS This Period	This Page (optional	)	80519.53	
2)	TOTALS This Period (last	page this line numbe	er only)	<b>•</b>	
3)	TOTAL OUTSTANDING L	OANS from Sche	dule C (last page only)		
4)	ADD 2) and 3) and carry	forward to appropriat	e line of Summary Page (last page only)	<b>&gt;</b>	

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

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NAME OF COMMITTEE (In 1199 SERVICE EMPLC		FEDERAL POLITICAL ACTION FUNI	D	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING EXPENSES	
Mailing Address P.O. BOX 88000				
City BALTIMORE	State MD	ZIP Code 21288		
Outstanding Balance	Beginning This Period		Transaction ID: SD10.6518	
	1849.15			
Amount Incurr	ed This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	1849.15	
B. Full Name (Last, Fire UNION TRAVEL MA	st, Middle Initial) of Debto STERCARD	or or Creditor	Nature of Debt (Purpose): BEVERAGE EXPENSES	
Mailing Address P.O.	BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288		
Outstanding Balance	Beginning This Period		Transaction ID: SD10.6519	
	835.02			
Amount Incurr	ed This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	835.02	
C. Full Name (Last, First UNION TRAVEL MA	st, Middle Initial) of Debto STERCARD	or or Creditor	Nature of Debt (Purpose): TRAVEL EXPENSES	
Mailing Address P.O.	BOX 88000		-	
City BALTIMORE	State MD	ZIP Code 21288		
Outstanding Balance	Beginning This Period		Transaction ID: SD10.6520	
	435.95			
Amount Incurr	ed This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	435.95	
) SUBTOTALS This Pe	riod This Page (optional).		3120.12	
TOTALS This Period (la	ast page this line number	only)	<b>&gt;</b>	
) TOTAL OUTSTANDING	G LOANS from Sched	ule C (last page only)	<b>&gt;</b>	
) ADD 2) and 3) and car	rry forward to appropriate	line of Summary Page (last page only)	<b>&gt;</b>	

## **SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS** 

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(Use separate schedule(s)

PAGE 20 / 23 FOR LINE NUMBER:

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IAME OF COMMITTEE 199 SERVICE EMPL		EDERAL 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.C	D. BOX 88000						
City BALTIMORE	State MD	ZIP Code 21288					
Outstanding Balance	e Beginning This Period		Tra	nsaction ID: SD10.6	521		
	1056.95						
Amount Incu	urred This Period	Payment This Period	Outstandir	ng Balance at Close of	This Period		
	0.00	0.00		1	056.95		
B. Full Name (Last, F UNION TRAVEL M	First, Middle Initial) of Debtor ( IASTERCARD	or Creditor		ebt (Purpose): G EXPENSES			
Mailing Address P.C	D. BOX 88000						
City BALTIMORE	State MD	ZIP Code 21288					
Outstanding Balance	e Beginning This Period		Tra	nsaction ID: SD10.6	522		
	2372.04						
Amount Incu	urred This Period	Payment This Period	Outstandir	ng Balance at Close of	This Period		
	0.00	0.00		2	2372.04		
C. Full Name (Last, F UNION TRAVEL M	First, Middle Initial) of Debtor ( IASTERCARD	or Creditor		ebt (Purpose): EXPENSES			
Mailing Address P.C	D. BOX 88000						
City BALTIMORE	State MD	ZIP Code 21288					
Outstanding Balance	e Beginning This Period		Tra	nsaction ID: SD10.6	533		
	367.37						
Amount Incu	urred This Period	Payment This Period	Outstandir	ng Balance at Close of	This Period		
	0.00	0.00			367.37		
) SUBTOTALS This F	Period This Page (optional)		<b>&gt;</b>	3796.	36		
,		nly)	<b>&gt;</b>				
) TOTAL OUTSTANDI	NG LOANS from Schedul	e C (last page only)	<b>&gt;</b>				
) ADD 2) and 3) and 0	carry forward to appropriate lin	ne of Summary Page (last page only)	<b>&gt;</b>				

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

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NAME OF COMMITTEE (I 1199 SERVICE EMPLO		FEDERAL POLITICAL ACTION FUNI	)	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRAVEL EXPENSES	
Mailing Address P.O.	BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288		
Outstanding Balance	Beginning This Period		Transaction ID: SD10.6535	
	262.40			
Amount Incur	red This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	262.40	
B. Full Name (Last, Fir UNION TRAVEL MA	st, Middle Initial) of Debt STERCARD	or or Creditor	Nature of Debt (Purpose): CATERING EXPENSES	
Mailing Address P.O.	BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288		
Outstanding Balance	Beginning This Period		Transaction ID: SD10.6536	
	477.00			
Amount Incur	red This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	477.00	
C. Full Name (Last, Fir UNION TRAVEL MA	st, Middle Initial) of Debt STERCARD	or or Creditor	Nature of Debt (Purpose): TRAVEL EXPENSES	
Mailing Address P.O.	BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288		
Outstanding Balance	Beginning This Period		Transaction ID: SD10.6537	
	524.80			
Amount Incur	red This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	524.80	
1) SUBTOTALS This Pe	riod This Page (optional)	)	1264.20	
2) TOTALS This Period (I	ast page this line numbe	er only)	<b>&gt;</b>	
3) TOTAL OUTSTANDIN	G LOANS from Sche	dule C (last page only)	<b>&gt;</b>	
4) ADD 2) and 3) and ca	rry forward to appropriate	e line of Summary Page (last page only)	<b>&gt;</b>	

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

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1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL	POLITICAL	<b>ACTION FUND</b>
TIOU OLIVIOL LIVII LOTELO IIVI L			ACCITOIN CIND

	ME OF COMMITTEE (In Fu 99 SERVICE EMPLOYE	,	N FEDERAL POLITICAL ACTION FUND	)	
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING EXPENSES	
	Mailing Address P.O. BOX 88000				
	City State ZIP Code BALTIMORE MD 21288				
	Outstanding Balance Beg	inning This Period		Transaction ID: SD10.6538	
		1115.00			
	Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	1115.00	
	B. Full Name (Last, First, NUNION TRAVEL MAST		tor or Creditor	Nature of Debt (Purpose): TRAVEL EXPENSES	
	Mailing Address P.O. BC	X 88000			
	City BALTIMORE	State MD	ZIP Code 21288		
	Outstanding Balance Beg	inning This Period		Transaction ID: SD10.6539	
		419.84			
	Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	419.84	
Ī	C. Full Name (Last, First, MUNION TRAVEL MASTI		tor or Creditor	Nature of Debt (Purpose): TRANSPORTATION COSTS	
	Mailing Address P.O. BC	00088 X			
	City BALTIMORE	State MD	ZIP Code 21288		
	Outstanding Balance Beg	inning This Period		Transaction ID: SD10.6545	
		539.45			
	Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	539.45	
1)	SUBTOTALS This Period	This Page (optiona	l)	2074.29	
2)	TOTALS This Period (last p	page this line number	er only)	<b>•</b>	
3)	TOTAL OUTSTANDING LO	DANS from Sche	edule C (last page only)	<b>&gt;</b>	
4)	ADD 2) and 3) and carry for	orward to appropriat	te line of Summary Page (last page only)	<b>•</b>	

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

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1199 SERVICE EMPL	OYFFS INT'I	UNION FEDERAL	POLITICAL	<b>ACTION FUND</b>

NAME OF COMMITTEE (In Fu 1199 SERVICE EMPLOYE		FEDERAL POLITICAL ACTION FUND	O
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BC	OX 88000		
City BALTIMORE	State MD	ZIP Code 21288	
Outstanding Balance Beg	ginning This Period		Transaction ID: SD10.6546
	2552.60		
Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	2552.60
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD		Nature of Debt (Purpose): CATERING EXPENSES	
Mailing Address P.O. BC	OX 88000		
City BALTIMORE	State MD	ZIP Code 21288	
Outstanding Balance Ber	ginning This Period		Transaction ID: SD10.6548
Odiotarianing Balarioo Bot			
Cultural graduates Box	3224.16		
Amount Incurred		Payment This Period	Outstanding Balance at Close of This Period
		Payment This Period 0.00	Outstanding Balance at Close of This Period 3224.16
	This Period		
Amount Incurred	This Period 0.00		
Amount Incurred  Amount Incurred  This Period	This Period  0.00	0.00	3224.16
Amount Incurred  Amount Incurred  This Period	This Period 0.00  I This Page (optional) page this line number	0.00	5776.76