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## FEC FORM 3X

FE6AN026

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND 330 WEST 42ND STREET, 7TH FLOOR ADDRESS (number and street) Check if different than previously **NEW YORK** NY 10036 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00348540 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the 02 2010 NY 11 Election on State of 10 0 1 2010 22 2010 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. **KEVIN FINNEGAN** Type or Print Name of Treasurer Electronically Filed by **KEVIN FINNEGAN** 12 02 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) 2/62

Write or Type Committee Name 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND D D 0 1 10 2010 11 22 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 1497632.39 Begining of Reporting Period ..... 1073948.07 6164725.25 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 2571580.46 6695943.82 6(a) and 6(c) for Column B) ..... 1343258.68 5467622.04 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 1228321.78 1228321.78 (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 595590.65 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**

3 / 62 FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

м м 1 0 0 1 м°м 1 1 2<sup>D</sup>2 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 5681.81 11190.79 (i) Itemized (use Schedule A) ...... 1068040.00 6146228.39 (ii) Unitemized ..... (iii) TOTAL (add 1073721.81 6157419.18 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 1073721.81 6157419.18 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 226.26 2306.07 (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), 1073948.07 6164725.25 12, 13, 14, 15, 16, 17, and 18(c)) ...... 20. Total Federal Receipts 1073948.07 6164725.25

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

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 62

	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)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	0.00	19050.00
	(c) Total Operating Expenditures	0.00	10050.00
_	(add 21(a)(i), (a)(ii) and (b))	0.00	19050.00
2.	Transfers to Affiliated/Other Party	90000.00	4880000.00
3.	Committees  Contributions to	90000.00	4880000.00
	Federal Candidates/Committeesand Other Political Committees	0.00	7500.00
1.	Independent Expenditure	0.00	7,000.00
	(use Schedule E)	442217.91	542400.51
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
		0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other	410.00	3599.00
	Than Political Committees	410.00	5555.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	440.00	0500.00
	(add Lines 28(a), (b), and (c))	410.00	3599.00
9.	Other Disbursements	630.77	15072.53
^	Enderal Election Activity (2.11.5.0.421/20)		
0.	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) i odoral orialo		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1343258.68	5467622.04
	Total Federal Disbursements		
2.	Total Lederal Disbursements		
2.	(subtract Line 21(a)(ii) and Line 30(a)(ii)	1343258.68	5467622.04

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 62

	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)	1073721.81	6157419.18
34.	Total Contribution Refunds (from Line 28(d))	410.00	3599.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	1073311.81	6153820.18
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	19050.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	19050.00

FE6AN026

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 62 (check only one)    X   11a	
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any pers ng the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial)	T'L UNION FEDERAL POLITICAL ACTION F		
MOOLWATTIE ALI Mailing Address 111-27 124 STRE		Date of Receipt  1 1 2 2 2 2 0 1 0	
City SOUTH OZONE PARK	State Zip Code NY 11420	Transaction ID: SA11AI.8417  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	324.00	
Name of Employer PREMIERE	Occupation HOME ATTENDANT	PAYROLL DEDUCTION	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 745.20		
Full Name (Last, First, Middle Initial) KORFI AMISSAH	KORFI AMISSAH		
APT. 401	APT. 401		
City <u>SILVER SPRING</u>	State Zip Code MD 20904	Transaction ID: SA11AI.8420  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20.00	
Name of Employer DIMENSIONS HEALTH SYSTEMS	Occupation PHARMACY TECH	PAYROLL DEDUCTION	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		
Full Name (Last, First, Middle Initial) KAY ANDERSON		Date of Receipt	
	Mailing Address 9 TOILSOME AVENUE		
City NORWALK	State Zip Code CT 06851-2312	Transaction ID: SA11AI.8422  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C 00031-2312	20.00	
Name of Employer SERVICE EMPLOYEES INT'L UNION	Occupation ADMINISTRATIVE ASSISTANT	PAYROLL DEDUCTION	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  210.00		
SUBTOTAL of Receipts This Page (optio	nal)	364.00	

## SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 62 (check only one)    X
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	1199 SERVICE EMPLOYEES INT'L U	JNION FEDE	RAL POLITICAL ACTION F	UND
۱.	Full Name (Last, First, Middle Initial)  ADEYEMI BANDELE  Mailing Address 1606 NEW JERSEY A	11/ENILIE NIV	N.	Date of Receipt
	Maining Address 1606 NEW JERSET A	AVENUE, INV	V	11 22 2010
	City	State	Zip Code	Transaction ID: SA11AI.8425
	WASHINGTON	DC	20001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer 1199 SEIU	Occupation EDUCAT	n TION COORDINATOR	PAYROLL DEDUCTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
	Full Name (Last, First, Middle Initial) LOUISE BAYER			Date of Receipt
	Mailing Address 84 WALNUT STREET			11 22 7 2010
	City	State	Zip Code	Transaction ID: SA11AI.8426
	TEANECK	NJ	07666-3931	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00  PAYROLL DEDUCTION
	Name of Employer 1199 SEIU		INANCIAL OFFICER	— TATRICLE DEDOCTION
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify) ▼		450.00	
	Full Name (Last, First, Middle Initial) MITRA BEHROOZI	<u>'</u>		Date of Receipt
	Mailing Address 123 LINCOLN PLACE			M M / D D / Y Y Y Y Y Y 1 1 1 2 2 2 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.8427
	BROOKLYN	NY	11217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer NATIONAL BENEFIT FUND-1199	+ +	TIVE DIRECTOR	PAYROLL DEDUCTION
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		1350.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1		425.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(3)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 62 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  1199 SERVICE EMPLOYEES INT'L	the name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CINDY BLACK Mailing Address 349 BEACH 57TH S APT 3H	STREET		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>ARVERNE</u>	State NY	Zip Code 11692	Transaction ID: SA11AI.8429  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer PENINSULA CENTER FOR EXTE- NTED Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	<del></del>	n ERED NURSE Year-to-Date ▼ 240.00	PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) JEANNIE BONVINO Mailing Address 777 AVENUE Z	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11Al.8430
BROOKLYN  FEC ID number of contributing federal political committee.	C	11285	Amount of Each Receipt this Period  86.66
Name of Employer BETH ISRAEL KINGS HIGHWAY	Occupation TECHNIC		PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 389.97	
Full Name (Last, First, Middle Initial)  LAWRENCE BORTOLUZZI			Date of Receipt
Mailing Address 759 PRESIDENT STREET APT. 1C			11 22 7 2010
City BROOKLYN	State NY	Zip Code 11215	Transaction ID: SA11AI.8432  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer SERVICE EMPLOYEES INT'L UNION	<del>- ' '</del>	GN COORDINATOR	PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional	\		146.66

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 62 (check only one)    X   11a	
or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persing the name and address of any political committee to	o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial)  MELANIE BOURNE  Mailing Address 1487 EAST 96 S  City  BROOKLYN	TREET State Zip Code NY 11236	Date of Receipt  1 1 2 2 2 2 2 1 0  Transaction ID: SA11AI.8435  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.  Name of Employer BETH ISRAEL KINGS HIGHWAY	Occupation HOUSEKEEPING	21.67 PAYROLL DEDUCTION	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  216.70		
Full Name (Last, First, Middle Initial) VERA BOYD  Mailing Address 214 E. 11TH STI	REET	Date of Receipt  1 1 2 2 2 2 1 0 1 0	
City	State Zip Code	Transaction ID: SA11AI.8437	
NEW YORK	NY 10003	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	50.00  PAYROLL DEDUCTION	
Name of Employer BETH ISRAEL MEDICAL CENTER	Occupation REGISTERED NURSE	17.THOLL BLOOMING	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) JUDLYNE BRUN	JUDLYNE BRUN		
Mailing Address 441 MORRIS DF	(IVE	11 22 2010	
City VALLE STREAM	State Zip Code NY 11580	Transaction ID: SA11AI.8440	
FEC ID number of contributing federal political committee.	NY 11580	Amount of Each Receipt this Period  50.00	
Name of Employer ST. JOHN'S EPISCOPAL-SOUTH SHO	Occupation REGISTERED NURSE	PAYROLL DEDUCTION	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00		
SUPTOTAL of Possints This Page (anti-	onal)	121.67	

Any information copied from such Reports and Statements may not be add 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)  NUBIR BUSHARDO  Malling Address 37.31 73RD STREET  APT. 19N  City State Zip Code  NAME OF CONTRIBUTION  APT. 19N  State Zip Code  NAME OF CONTRIBUTION  FEC ID number of contributing federal political committee.  Name of Engloyer  PARTINERS IN CARE  Receipt To:  Other (specify) ▼ State Zip Code  NY 11801  FEC ID number of contributing  FEC ID number of contrib	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 62 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Full Name (Last, First, Middle Initial) NUBIA BUTIFACO Mailing Address 37-31 73RD STREET APT. 9N  City State Zip Code JACKSON HEIGHTS NY 11372  FEC ID number of contributing federal political committee.  Part NERS IN CARE Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) SALLY CABRAL Mailing Address 45 SCOOTER LANCE  City State Zip Code NY 11801  FILI Name (Last, First, Middle Initial) SALLY CABRAL Mailing Address 45 SCOOTER LANCE  City State Zip Code NY 11801  FEC ID number of contributing federal political committee.  C State Zip Code NY 11801  FEC ID number of contributing federal political committee.  Name of Employer 1199 SEID Other (specify) ▼  Full Name (Last, First, Middle Initial)  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Date of Receipt Init Period  FEC ID number of contributing federal political committee.  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  DANIEL CALISE  Mailing Address 44 ARIZONA AVENUE  City State Zip Code Mailing Address 44 ARIZONA AVENUE  City State Zip Code NY 11706  FEC ID number of contributing federal political committee.  C State Zip Code NY 11706  FEC ID number of contributing federal political committee.  C State Zip Code NY 11706  FEC ID number of contributing federal political committee.  C C State Zip Code NY 11706  FEC ID number of contributing federal political committee.  C C Coupation C C COUPART ADMINISTRATOR  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  C C Coupation C C COUPART ADMINISTRATOR  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  PAYROLL DEDUCTION	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  SAILY CABRAL  Mailing Address 45 SCOOTER LANCE  City State Zip Code HICKSVILLE NY 11801  FEC ID number of contributing federal political committee.  Name of Employer Primary General Other (specify) ▼  State Zip Code NY 11801  Amount of Each Receipt This Period  PAYROLL DEDUCTION  PAYROLL DEDUCTION  Date of Receipt  Transaction ID: SA11AL.8444  Amount of Each Receipt this Period  PAYROLL DEDUCTION  Date of Receipt  Transaction ID: SA11AL.8445  BAY SHORE NY 11706  FEC ID number of contributing federal political committee.  Name of Employer SOUTH OAKS HOSPITAL  Contract Administrator  Aggregate Year-to-Date ▼  Coccupation CONTRACT Administrator  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11AL.8445  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Contract Administrator  Aggregate Year-to-Date ▼  Payroul Deduction Contract Administrator  Aggregate Year-to-Date ▼  Payroul Deduction Contract Administrator  Payroul Deduction 285.00	Full Name (Last, First, Middle Initial) NUBIA BUITRAGO  Mailing Address 37-31 73RD STREET APT. 9N  City  JACKSON HEIGHTS  FEC ID number of contributing federal political committee.  Name of Employer PARTNERS IN CARE  Receipt For: Primary General	State Zip Code NY 11372  C  Occupation HOME HEALTH AIDE  Aggregate Year-to-Date  387.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
DANIEL CALISE  Mailing Address 44 ARIZONA AVENUE  City  State Zip Code BAY SHORE  NY 11706  FEC ID number of contributing federal political committee.  Name of Employer SOUTH OAKS HOSPITAL  Receipt For: Primary Other (specify) ▼  Date of Receipt  Transaction ID: SA11AI.8445  Amount of Each Receipt this Period  COCCUPATION  PAYROLL DEDUCTION  285.00	Full Name (Last, First, Middle Initial) SAILY CABRAL Mailing Address 45 SCOOTER LANCE  City HICKSVILLE FEC ID number of contributing federal political committee.  Name of Employer 1199 SEIU  Receipt For: Primary General	State Zip Code NY 11801  C  Occupation VICE PRESIDENT  Aggregate Year-to-Date	Transaction ID: SA11AI.8444  Amount of Each Receipt this Period  90.00
SUBTOTAL of Receipts This Page (optional)	DANIEL CALISE  Mailing Address 44 ARIZONA AVENUE  City  BAY SHORE  FEC ID number of contributing federal political committee.  Name of Employer SOUTH OAKS HOSPITAL  Receipt For:  Primary General	State Zip Code NY 11706  C  Occupation CONTRACT ADMINISTRATOR Aggregate Year-to-Date	Transaction ID: SA11AI.8445  Amount of Each Receipt this Period  60.00
	SUBTOTAL of Receipts This Page (optional)	•	236.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 62 (check only one)    X   11a	
7	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	1199 SERVICE EMPLOYEES INT'L L	JNION FEDE	ERAL POLITICAL ACTION F	UND	
A.	Full Name (Last, First, Middle Initial)  CASSIE CAMPBELL  Mailing Address 2405 LIAZEL MOOD I	2040		Date of Receipt	
	Mailing Address 3425 HAZELWOOD F	11 22 4 2010			
	City	State	Zip Code	Transaction ID: SA11AI.8448	
	EDGEWATER  FEC ID number of contributing federal political committee.	C	21037	Amount of Each Receipt this Period  30.00	
	Name of Employer THI - SOUTH RIVER HEALTH, LLC	Occupation	on IED NURSING ASSISTANT	PAYROLL DEDUCTION	
	Receipt For: Primary General Other (specify)	1	e Year-to-Date ▼ 210.00		
- В.	Full Name (Last, First, Middle Initial) LILLIAN CARINO			Date of Receipt	
	Mailing Address 327 SAINT NICHOLAS AVENUE APT. 2N			11 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City NEW YORK	State NY	Zip Code 10027-3609	Transaction ID: SA11AI.8450	
	FEC ID number of contributing federal political committee.	C	10027-3009	Amount of Each Receipt this Period  25.00	
	Name of Employer 1199 SEIU	Occupation DIRECT		PAYROLL DEDUCTION	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00		
- C.	Full Name (Last, First, Middle Initial) DOTTILYN CARTY			Date of Receipt	
	Mailing Address 1627 GARFIELD STF APT A2			11 22 7 2010	
	City BRONX	State NY	Zip Code 10406	Transaction ID: SA11AI.8452  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.00	
	Name of Employer GLEN ISLAND CARE CENTER	Occupation DIETAR		PAYROLL DEDUCTION	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00		
	SUBTOTAL of Receipts This Page (optional) .			75.00	
f	TOTAL This Period (last page this line numbe		•		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 62 (check only one)    X
NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any pers sing the name and address of any political committee to NT'L UNION FEDERAL POLITICAL ACTION F	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	NT E UNION FEDERAL POLITICAL ACTION F	·UND
Full Name (Last, First, Middle Initial) CAROL CHASE		Date of Receipt
Mailing Address 7300 SHEFFIE	_D	1 1 2 2 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.8455
TEMPLE HILLS	MD 20748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer THI - FORT WASHINGTON	Occupation GENERIC NURSE AID	PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) BEVOLIN CLARKE	Date of Receipt	
Mailing Address 92 HIGH STRE	M M / D D / Y Y Y Y Y Y 1 1 1 2 2 2 2 0 1 0	
City	State Zip Code	Transaction ID: SA11AI.8458
YONKERS	NY 10703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer PARK CARE PAVILLION	Occupation REGISTRAR	PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) THOMAS CLOUTIER		
Mailing Address 2462 VALENTII	NE AVENUE	1 1 2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.8460
BRONX	NY 10458	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.44
Name of Employer ST. BARNABAS HOSPITAL	Occupation LAB TECHNOLOGIST	PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 233.42	1

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

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 13 / 62   (check only one)
Any information copied from such Report or for commercial purposes, other than u	s and Statements may sing the name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES II	NT'L UNION FEDEI	RAL POLITICAL ACTION F	UND
Full Name (Last, First, Middle Initial) MARIA CURET			Date of Receipt
Mailing Address 80 SCHOOL ST	REET		M M / D D / Y Y Y Y Y Y 1 1 1 2 2 2 2 0 1 0
City YONKERS	State NY	Zip Code 10701	Transaction ID: SA11AI.8461  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		28.00
Name of Employer BEST CARE, INC.	Occupation HOME A	TTENDANT	PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 266.00	
Full Name (Last, First, Middle Initial) TINU MARY DARAMOLA	Date of Receipt		
Mailing Address 327 PEMACO LANE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City UNIONDALE	State NY	Zip Code 11553	Transaction ID: SA11Al.8463
FEC ID number of contributing federal political committee.	C	11333	Amount of Each Receipt this Period  10.00
Name of Employer FULTON COMMONS	Occupation PHYSICA	L THERAPIST	PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	]
Full Name (Last, First, Middle Initial) THERESA DAVID			Date of Receipt
	Mailing Address 114-29 197TH STREET		
City SAINT ALBANS	State NY	Zip Code 11412	Transaction ID: SA11AI.8464
FEC ID number of contributing federal political committee.	C	11412	Amount of Each Receipt this Period  80.00
Name of Employer REGAL HEIGHTS REHAB AND HEALTH		ED NURSING ASSISTANT	PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (opt	ional)		118.00

SCHEDULE A (FEO	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 62 (check only one)    X
or for commercial purposes, o	other than using the name and a (In Full)	ay not be sold or used by any personderess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Mic CLARIBEL DE JESUS Mailing Address 490 St APT 3	OUTH BROADWAY		Date of Receipt    M
City YONKERS	State NY	Zip Code 10705	Transaction ID: SA11AI.8465  Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			7.00
Name of Employer BEST CARE, INC.  Receipt For:  Primary Ge Other (specify) ▼		ion ATTENDANT tte Year-to-Date ▼  245.00	PAYROLL DEDUCTION
ARMETA DIXON			
City	State	Zip Code	1 1 2 2 2 0 1 0 Transaction ID: SA11AI.8467
BALTIMORE FEC ID number of contrib federal political committee	uting C	21216	Amount of Each Receipt this Period  160.00
Name of Employer 1199 SEIU	Occupati VICE P	ion RESIDENT	PAYROLL DEDUCTION
Receipt For: Primary Ge Other (specify) ▼	Aggrega	te Year-to-Date ▼ 360.00	
Full Name (Last, First, Mic	Full Name (Last, First, Middle Initial) JOHNNY DORVILIER		
Mailing Address 209-10	0 86 DRIVE, APT. 2D	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City QUEENS VILLAGE	State NY	Zip Code 11427	Transaction ID: SA11AI.8470  Amount of Each Receipt this Period
FEC ID number of contributed federal political committee	uting		21.67
Name of Employer BETH ISRAEL MEDICAL	CENTER Occupati		PAYROLL DEDUCTION
Receipt For: Primary Ge Other (specify)	Aggrega	te Year-to-Date ▼ 216.70	
SUBTOTAL of Receipts Thi	s Page (optional)		188.67

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 62 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from or for commercial purposes,  NAME OF COMMITTEE	other than using the name and a	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1199 SERVICE EMP	LOYEES INT'L UNION FED	ERAL POLITICAL ACTION F	UND
Full Name (Last, First, M SHAWN DUNCAN	,		Date of Receipt
Mailing Address 1474		7. 0 1	111 22 2010
City BRONX	State NY	Zip Code 10469	Transaction ID: SA11AI.8472  Amount of Each Receipt this Period
FEC ID number of contri federal political committe	buting	10400	20.00
Name of Employer EASTHAVEN NURSING	G HRF DIETAF	on RY AIDE	PAYROLL DEDUCTION
Receipt For:  Primary  Other (specify) ▼	Aggrega	te Year-to-Date ▼ 215.00	
Full Name (Last, First, M RALPH DUVAL		Date of Receipt	
Mailing Address 1307	MENARD STREET	11 22 2010	
City	State	Zip Code	Transaction ID: SA11Al.8474
UNIONDALE	NY	11553	Amount of Each Receipt this Period
FEC ID number of contri federal political committe	e. C		PAYROLL DEDUCTION
Name of Employer EAST ROCKAWAY NU	RSING HOME Occupati	on ID COOK	TATHOLE BEBOOTION
Receipt For:		te Year-to-Date ▼	
Primary ☐ C Other (specify) ▼	General	250.00	
Full Name (Last, First, M ENID ECKSTEIN	liddle Initial)		Date of Receipt
Mailing Address 26 Bo	OYNTON STREET		M M / D D / Y Y Y Y Y Y 1 1 1 2 2 2 2 0 1 0
City JAMAICA PLAIN	State MA	Zip Code 02130	Transaction ID: SA11AI.8476
FEC ID number of contri federal political committe	buting	02130	Amount of Each Receipt this Period  160.00
Name of Employer 1199 SEIU	Occupati VICE P	on RESIDENT	PAYROLL DEDUCTION
Receipt For:  Primary  Other (specify) ▼	Aggrega	te Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts T	nis Page (optional)		230.00
·	age 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 16 / 62 (check only one)    X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persongle name and address of any political committee to UNION FEDERAL POLITICAL ACTION F	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MAUREEN ESTWICK Mailing Address 1681 E 53RD STREE  City BROOKLYN  FEC ID number of contributing federal political committee.  Name of Employer MAIMONIDES MEDICAL CENTER  Receipt For: Primary General Other (specify)		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  MIKE FADEL  Mailing Address 700 HURON AVENUE  15M  City  CAMBRIDGE  FEC ID number of contributing federal political committee.  Name of Employer 1199 SEIU  Receipt For:  Primary General Other (specify)	State Zip Code MA 02138  C  Occupation EXECUTIVE VICE PRESIDENT Aggregate Year-to-Date  320.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) LEYTON FLEMINGS Mailing Address 216-09 137TH AVENU  City SPRINGFIELD GARDEN  FEC ID number of contributing federal political committee.  Name of Employer BROOKDALE HOSPITAL MEDICAL CTR Receipt For: Primary General Other (specify)	State Zip Code NY 11413  C  Occupation MAINTENANCE WORKER  Aggregate Year-to-Date  220.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		270.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 62 (check only one)    X   11a
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	o solicit contributions from such committee.
	1199 SERVICE EMPLOYEES INT'L UI	NION FEDE	ERAL POLITICAL ACTION F	·UND
۹.	Full Name (Last, First, Middle Initial)  MARGARET FORDE  Mailing Address 30-40 83RD ST			Date of Receipt
	City	State	Zip Code	1 1 2 2 2 0 1 0 Transaction ID: SA11AI.8482
	EAST ELMHURST	NY	11370-1919	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer JAMAICA HOSPITAL	Occupation REGIST	on ERED NURSE	PAYROLL DEDUCTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	
3.	Full Name (Last, First, Middle Initial) ROBERT FRAZIER Mailing Address 2748 PELHAM AVE			Date of Receipt
	2/40 FELHAW AVE			11 22 2010
	City	State	Zip Code	Transaction ID: SA11AI.8484
	BALTIMOORE	MD	21213-1119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00 PAYROLL DEDUCTION
	Name of Employer GENESIS-CATONSVILLE COMMO- NS		IED NURSING ASSISTANT	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		210.00	
). ).	Full Name (Last, First, Middle Initial) ROSEMARIE GLOVER			Date of Receipt
	Mailing Address 2915 CLUTE ROAD			11 22 7 2010
	City CORTLAND	State NY	Zip Code 13045	Transaction ID: SA11AI.8485
	FEC ID number of contributing federal political committee.	C	13043	Amount of Each Receipt this Period  80.00
	Name of Employer COMMUNITY GENERAL HOSPITAL	Occupation REGIST	on ERED NURSE	PAYROLL DEDUCTION
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	380.00	
	SUBTOTAL of Receipts This Page (optional)			100.00
	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 62   (check only one)
Any information copied from such Reports or for commercial purposes, other than using	and Statements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	T'L UNION FEDE	RAL POLITICAL ACTION F	UND
Full Name (Last, First, Middle Initial) VAUGHN GOODWIN			Date of Receipt
Mailing Address 5100 W. MOUNT APT. 202C	AIN STREET		M M / D D / Y Y Y Y Y 1 1 1 2 2 2 2 0 1 0
City STONE MOUNTAIN	State GA	Zip Code 30058	Transaction ID: SA11AI.8487  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer 1199 SEIU	Occupation ORGANI		PAYROLL DEDUCTION
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) JEAN SUANETTE GUZMAN	<b>I</b>		Date of Receipt
Mailing Address 2833 ROEBLING	AVENUE, #4		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BRONX	State NY	Zip Code 10461	Transaction ID: SA11AI.8490
FEC ID number of contributing federal political committee.	C	10401	Amount of Each Receipt this Period  25.00
Name of Employer MT. SINAI HOSPITAL	Occupation	1 ASSISTANT	PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) RANDOLPH HALL JR.			Date of Receipt
Mailing Address 5503 GEVLAND	AVENUE		1 1 2 2 2 0 1 0
City BALTIMORE	State MD	Zip Code 21206	Transaction ID: SA11AI.8492  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21200	160.00
Name of Employer 1199 SEIU	Occupation ORGANI		PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optio			210.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 62 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  1199 SERVICE EMPLOYEES INT'L L	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LEONABEL HARVEY  Mailing Address 388 MIDWOOD STRE  APT 5I  City BROOKLYLN  FEC ID number of contributing federal political committee.  Name of Employer NEW YORK UNIVERSITY HOSP- ITAL Receipt For:  Primary General Other (specify)	State NY  C  Occupatio PAT UNI	Zip Code 11225 n T CLERK e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) WADYAH HASSAN Mailing Address 9160 193RD STREET APT. L2 City HOLLIS FEC ID number of contributing federal political committee.  Name of Employer COMMUNITY RESOURCE CENTER  Receipt For: Primary General Other (specify)	State NY  C  Occupatio LICENSE	Zip Code 11423  n ED PRACTICAL NURSE e Year-to-Date ▼ 210.00	Date of Receipt  M M M / D D / Y Y Y Y Y  1 1 1 2 2 2 2 0 1 0  Transaction ID: SA11AI.8496  Amount of Each Receipt this Period  20.00  PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) DAVID HILL  Mailing Address 19 HAMILTON TERRA APT. 1L  City NEW YORK  FEC ID number of contributing federal political committee.  Name of Employer YESHIVA UNIVERSITY  Receipt For: Primary General Other (specify)	State NY  C Occupatio CLERK,		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			70.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 62   (check only one)   X   11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	. UNION FEDE	RAL POLITICAL ACTION F	UND
Full Name (Last, First, Middle Initial) ELIZABETH JACKSON			Date of Receipt
Mailing Address 910 MARCY AVENU	JE		11 22 2010
City OXON HILL	State MD	Zip Code 20745	Transaction ID: SA11AI.8501  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer THI - FORT WASHINGTON	Occupation CLINICA	n L SUPPORT SERVICES	PAYROLL DEDUCTION
Receipt For: Primary General Other (specify)	<del> </del>	e Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) LYNNE JENNINGS	<b>I</b>		Date of Receipt
Mailing Address 4 SHIRLEY LANE			1 1 2 2 2 2 1 0 1 0
City WEST BABYLON	State NY	Zip Code 11704	Transaction ID: SA11AI.8502
FEC ID number of contributing federal political committee.	C	11704	Amount of Each Receipt this Period  90.00
Name of Employer BROOKDALE HOSPITAL MEDICAL CTR	Occupation PHYSICI	n AN ASSISTANT	PAYROLL DEDUCTION
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 330.00	1
	0 0		
Full Name (Last, First, Middle Initial) BEATRICE KAMU			Date of Receipt
Mailing Address 5626 WHITFIELD C	HAPEL, APT 2	202	11 22 22 2010
City LANHAM	State MD	Zip Code 20706	Transaction ID: SA11AI.8505  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer THI - SOUTH RIVER HEALTH, LLC	Occupation GENERI	n C NURSE AIDE	PAYROLL DEDUCTION
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional	)		150.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 62 (check only one)    X
	Any information copied from such Reports and State of for commercial purposes, other than using the notation NAME OF COMMITTEE (In Full)	ame and ad	dress of any political committee to	solicit contributions from such committee.
2	1199 SERVICE EMPLOYEES INT'L UN	ION FEDE	ERAL POLITICAL ACTION F	UND
۸.	Full Name (Last, First, Middle Initial)  DEBORAH KING  Mailing Address 270 NEWTOWN TPKE.			Date of Receipt
	City	State	Zip Code	1 1 2 2 2 0 1 0 Transaction ID: SA11AI.8507
	WESTPORT	CT	06880-1021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer HOSPITAL LEAGUE TRAINING	Occupation DIRECT		PAYROLL DEDUCTION
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 225.00	
- 3.	Full Name (Last, First, Middle Initial) ROLANDO KING			Date of Receipt
	Mailing Address 3054 83RD STREET EA		11 22 7 9 9 9	
	City	State	Zip Code	Transaction ID: SA11AI.8509
	ELMHURST	NY	11370	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00  PAYROLL DEDUCTION
	Name of Employer SEIU COMMUNICATIONS CENTER INC	Occupation DIRECT		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
- ).	Full Name (Last, First, Middle Initial) COLLEEN KOCHMAN			Date of Receipt
	Mailing Address 155 FORREST WAY			1 1 2 2 2 2 1 0
	City	State	Zip Code	Transaction ID: SA11AI.8510
	CAMILLUS	NY	13031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		PAYROLL DEDUCTION
	Name of Employer COMMUNITY GENERAL HOSPITAL		ERED NURSE	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		398.00	
	SUBTOTAL of Receipts This Page (optional)			218.00
	TOTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 62 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any personantes of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'	L UNION FEDE	RAL POLITICAL ACTION F	UND
Full Name (Last, First, Middle Initial) ETHEL LEONARD			Date of Receipt
Mailing Address 2 BRONXVILLE ROAPT. #7C			11 22 7 2010
City	State	Zip Code	Transaction ID: SA11AI.8512
BRONXVILLE	NY	10708	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		18.46
Name of Employer ST BARNABUS HOSPITAL	Occupation RN NUR		PAYROLL DEDUCTION
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	203.06	]
Full Name (Last, First, Middle Initial) MICHELE LYNCH	<b>I</b>		Date of Receipt
Mailing Address 32 DOLPHIN WAY			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.8514
RIVERHEAD	NY	11901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer 1199 SEIU	Occupation POLITIC	AL DIRECTOR	PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) JENNIE LYONS			Date of Receipt
Mailing Address P.O. BOX 813			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.8516
WURTSBORO	NY	12790	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer HORTON CAMPUS ORMC	Occupation DP REG	STERED NURSE	PAYROLL DEDUCTION
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	225.00	
			68.46

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

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 62 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Repor or for commercial purposes, other than u	ts and Statements may not be sold or used by any personsing the name and address of any political committee to	on for the purpose of soliciting contributions
1199 SERVICE EMPLOYEES I	NT'L UNION FEDERAL POLITICAL ACTION F	UND
Full Name (Last, First, Middle Initial)  DONALD MARTHAGE  Mailing Address 46 WOODBINE	AVENUE	Date of Receipt
City ROCHESTER	State Zip Code NY 14626	Transaction ID: SA11AI.8518  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer 1199 SPECIAL PROJECTS	Occupation FOOD SERVICE WORKER	PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	
Full Name (Last, First, Middle Initial) JAIME MERCADO		Date of Receipt
Mailing Address 8104 ROCKAW APT 6B	11 22 2010	
City	State Zip Code	Transaction ID: SA11AI.8520
ROCKAWAY BEACH  FEC ID number of contributing federal political committee.	NY 11693-1704	Amount of Each Receipt this Period 40.00
Name of Employer PENINSULA HOSPITAL CENTER	Occupation DIETARY AIDE	PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) STACEY MILLMAN	<b>'</b>	Date of Receipt
Mailing Address 289 MANNING	BLVD.	1 1 2 2 2 1 0 1 0
City	State Zip Code	Transaction ID: SA11AI.8521
ALBANY FEC ID number of contributing federal political committee.	NY 12206-1425	Amount of Each Receipt this Period  100.00
Name of Employer NATIONAL BENEFIT FUND-1199	Occupation COMMUNICATIONS DIRECTOR	PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (op	tional)	165.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 62 (check only one)    X   11a
or for commercial purposes, other than using t	I Statements may not be sold or used by any personal statements and address of any political committee to UNION FEDERAL POLITICAL ACTION F	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CONSUELO MORA-MCLAUGHLIN  Mailing Address 25 MILTON AVENUE  City SUMMIT  FEC ID number of contributing federal political committee.  Name of Employer COLUMBIA UNIVERSITY-SSA  Receipt For: Primary General Other (specify)		Date of Receipt    M   M   D   D   2 0 1 0
Full Name (Last, First, Middle Initial) JULIO NARVAEZ  Mailing Address GARDEN VEEW TE  City HIGHSTOWN  FEC ID number of contributing federal political committee.  Name of Employer CRANBURY CENTER (GENESIS)  Receipt For: Primary General Other (specify)	RRACE, BLDN 54  State Zip Code NJ 08520  C  Occupation DIETARY AIDE  Aggregate Year-to-Date  220.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) GERARD NORDENBERG  Mailing Address 100 MIDDLETON ROAPT. 29  City BOHEMIA  FEC ID number of contributing federal political committee.  Name of Employer 1199 SEIU  Receipt For: Primary General Other (specify)	State Zip Code NY 11716-3923  C  Occupation VICE PRESIDENT  Aggregate Year-to-Date ▼  450.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		340.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 62 (check only one)    X
NAME OF COMMITTEE (In Full)	ind Statements may not be sold or used by any pers g the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ELSIE OTERO  Mailing Address 208 RIDGEFIELD  City BOGOTA  FEC ID number of contributing federal political committee.  Name of Employer 1199 SEIU  Receipt For: Primary General Other (specify)		Date of Receipt    M M
Full Name (Last, First, Middle Initial) FRANCES PAGE Mailing Address 5301 SMITH DRIV  City INDIAN HEAD  FEC ID number of contributing federal political committee.  Name of Employer CIVISTA MEDICAL CENTER  Receipt For: Primary General Other (specify)	State Zip Code MD 20640  C  Occupation CLINICAL NURSE II  Aggregate Year-to-Date  220.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  ARNETTA PERRY  Mailing Address 7517 BRINDLE CO  City  LANDOVER  FEC ID number of contributing federal political committee.  Name of Employer DIMENSIONS HEALTH SYSTEMS  Receipt For:  Primary General Other (specify)	OURT  State Zip Code MD 20785  C  Occupation REGISTERED NURSE  Aggregate Year-to-Date  210.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	al) J	240.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 62 (check only one)    X	
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may no the name and addres	t be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions	
1199 SERVICE EMPLOYEES INT'L	. UNION FEDERA	L POLITICAL ACTION F	UND	
Full Name (Last, First, Middle Initial) SHAWNA RADDER Mailing Address 10739 ALEXANDEF	ROAD		Date of Receipt  1 1 2 2 2 2 0 1 0	
City ATTICA	State NY	Zip Code 14011	Transaction ID: SA11AI.8533 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		140.00	
Name of Employer MEDINA MEMORIAL HOSPITAL RN Receipt For:	Occupation OBSTETRIC		PAYROLL DEDUCTION	
Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 440.00		
Full Name (Last, First, Middle Initial) SKIA RAYE-JOHNSON Mailing Address 3500 CIARERCE AV				
City	City State Zip Code			
BALTIMORE	MD	21213	Transaction ID: SA11AI.8536  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		40.00	
Name of Employer HARBORSIDE HEALTHCARE/HAR- TFORD		NURSING ASSISTANT	PAYROLL DEDUCTION	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 204.00		
Full Name (Last, First, Middle Initial) SANDRA RICHARDSON	<b>-</b>		Date of Receipt	
Mailing Address 2718 THE ALAMED	A		11 22 2010	
City	State	Zip Code	Transaction ID: SA11AI.8538	
BALITIMORE  FEC ID number of contributing federal political committee.	C	21218	Amount of Each Receipt this Period  20.00	
Name of Employer GENESIS- HOMEWOOD CENTER	Occupation LAUNDRY A	AIDE	PAYROLL DEDUCTION	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 210.00		
	1		200.00	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 62 (check only one)    X   11a
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	o solicit contributions from such committee.
$\angle$		JNION FEDE	ENAL POLITICAL ACTION P	- L
A.	Full Name (Last, First, Middle Initial) RAMON RODRIGUEZ			Date of Receipt
	Mailing Address P.O. BOX 741			11 22 7 2010
	City NEW YORK	State NY	Zip Code 10108	Transaction ID: SA11AI.8540  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10100	25.00
	Name of Employer 1199 SEIU	Occupation EDUCAT	on FION COORDINATOR	PAYROLL DEDUCTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
— В.	Full Name (Last, First, Middle Initial) SABINA RODRIGUEZ			Date of Receipt
	Mailing Address 11-15 JEROME AVE APT 7F	11 22 7 2010		
	City BRONX	State NY	Zip Code 10452	Transaction ID: SA11AI.8541
	FEC ID number of contributing federal political committee.	C	10432	Amount of Each Receipt this Period  2.00
	Name of Employer BEST CARE INC.	Occupation HOME H	on HEALTH AIDE	PAYROLL DEDUCTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1305.00	
 C.	Full Name (Last, First, Middle Initial) ANA ROSADO-MARCANO	<u> </u>		Date of Receipt
	Mailing Address 2354 CAMBRELENG APT B3	AVENUE		11 22 YYYY 2010
	City BRONX	State NY	Zip Code 10458	Transaction ID: SA11AI.8543  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00	30.00
	Name of Employer 1199 SEIU	Occupation ORGAN		PAYROLL DEDUCTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
	SUBTOTAL of Receipts This Page (optional) .			57.00
	OTAL This Period (last page this line number			

Any information copied from such Reports and Sta or for commercial purposes, other than using the normal NAME OF COMMITTEE (In Full)  1199 SERVICE EMPLOYEES INT'L UN  Full Name (Last, First, Middle Initial)	ame and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
ONIKA RUSSELL  Mailing Address 543 EAST 21ST STREE APT E1  City  BROOKLYN  FEC ID number of contributing federal political committee.  Name of Employer BROOKDALE HOSPITAL MEDICAL CTR Receipt For: Primary General Other (specify)	State Zip Code NY 11226  C  Occupation CLERK, ADMITTING Aggregate Year-to-Date  210.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) LAURA SALAZAR  Mailing Address 108-46 38TH AVE APT 1F  City CORONA  FEC ID number of contributing federal political committee.  Name of Employer PEOPLE CARE INC.  Receipt For: Primary General Other (specify)	State Zip Code NY 11368  C  Occupation PATIENT CARE ASSISTANT Aggregate Year-to-Date  225.00	Date of Receipt  M M M / 22 / 2010  Transaction ID: SA11AI.8547  Amount of Each Receipt this Period  25.00  PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) CHERYL SAMUEL  Mailing Address 1889 SEDGWICK AVEN #11F  City BRONX  FEC ID number of contributing federal political committee.  Name of Employer BRONX JEWISH COMMUNITY CENTER Receipt For: Primary General Other (specify)	State Zip Code NY 10453  C  Occupation HOME ATTENDANT Aggregate Year-to-Date  400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		125.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 62 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
1199 SERVICE EMPLOYEES INT'L	UNION FEDE	RAL POLITICAL ACTION F	UND
Full Name (Last, First, Middle Initial) ANA SANCHEZ			Date of Receipt
Mailing Address 3204 PARK AVE APT 14H			11 22 7 2010
City	State	Zip Code	Transaction ID: SA11AI.8550
BRONX	NY	10451	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer PEOPLE CARE	Occupatio HOME A	n TTENDANT	PAYROLL DEDUCTION
Receipt For:		e Year-to-Date ▼	
Primary General	1.55.05410		1
Other (specify) ▼	0 0	280.00	
Full Name (Last, First, Middle Initial) SANDRA SARAZIN	·		Date of Receipt
Mailing Address 8 LYNN STREET			1 1 2 2 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.8551
NANUET	NY	10954	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer RITE AID	Occupatio PHARMA	n ACY CASHIER	PAYROLL DEDUCTION
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 320.00	]
Full Name (Last, First, Middle Initial) RICHARD SCHERB			Date of Receipt
Mailing Address 1163 LAKE AVENUE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.8553
CLARK	NJ	07066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		37.50
Name of Employer LUTHERAN MEDICAL CENTER	Occupatio PARAME		PAYROLL DEDUCTION
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	

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

## SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 62 (check only one)    X
(	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	1199 SERVICE EMPLOYEES INT'L I	JNION FEDE	ERAL POLITICAL ACTION F	UND
۱.	Full Name (Last, First, Middle Initial) BRENDAN SHAW			Date of Receipt
	Mailing Address 297 DRIGGS AVENU	E, #2B		11 22 2010
	City BROOKLYN	State NY	Zip Code 11222	Transaction ID: SA11AI.8556  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer SEIU COMMUNICATIONS CENTER INC	Occupatio DIRECT	n OR OF COMMUNICATION	PAYROLL DEDUCTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) JESSICA SHEARER	1		Date of Receipt
	Mailing Address 54 SAINT FELIX STR APT. 1	EET		11 22 2010
	City BROOKLYN	State NY	Zip Code	Transaction ID: SA11AI.8557
	FEC ID number of contributing federal political committee.	C	11217	Amount of Each Receipt this Period  192.00
	Name of Employer 1199 SEIU	Occupatio DIRECTO		PAYROLL DEDUCTION
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		432.00	
_	Full Name (Last, First, Middle Initial) ANTOINETTE SHEPHERD			Date of Receipt
	Mailing Address 103 WINDING WOOI	D DRIVE, AP	T. 5A	1 1 2 2 2 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.8560
	SAYREVILLE FEC ID number of contributing federal political committee.	C	08846	Amount of Each Receipt this Period  20.00
	Name of Employer AMBOY CARE CENTER - HEALT- HCARE	Occupatio NURSES	SAID	PAYROLL DEDUCTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	
Γ	SUBTOTAL of Receipts This Page (optional).	1		262.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedul for each category of th Detailed Summary Pa	le (check offly offe)
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	the name and address of any political comr	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	. UNION FEDERAL POLITICAL ACT	
Mailing Address 952 E 218TH STRE	ET	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City <u>BRONX</u>	State Zip Code NY 10469-1006	Transaction ID: SA11AI.8561  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer 1199 SEIU	Occupation EXECUTIVE VICE PRESIDEN	T PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.	00
Full Name (Last, First, Middle Initial) CARMEN SHUM Mailing Address 734 59TH STREET		Date of Receipt
APT. 1R  City	State Zip Code	11 22 2010
BROOKLYN	NY 11220	Transaction ID: SA11AI.8563  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	129.99
Name of Employer BETH ISRAEL MEDICAL CENTER	Occupation REGISTERED NURSE	PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 433.	30
Full Name (Last, First, Middle Initial) SAMUEL SIERRA		Date of Receipt
Mailing Address 1859 MADISON ST APT. 3R		111 22 7 2010
City <u>RIDGEWOOD</u>	State Zip Code NY 11385	Transaction ID: SA11AI.8564  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer LUTHERAN MEDICAL CENTER	Occupation SENIOR PATIENT SERVICE A	PAYROLL DEDUCTION ASSOC.
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.	00
SUBTOTAL of Receipts This Page (optional	)	374.99
TOTAL This Period (last page this line num	per only)	

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	) 	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 32 / 62   (check only one)
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	T'L UNION FEDE	RAL POLITICAL ACTION F	FUND
Full Name (Last, First, Middle Initial) BYRON SMITH			Date of Receipt
	YTON POWELL .	JR	11 / 22 / 2010
City NEW YORK	State NY	Zip Code 10026-2834	Transaction ID: SA11AI.8566  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer 1199 SEIU	Occupation ORGANI		PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) DANIEL THATER	<b>'</b>		Date of Receipt
Mailing Address 31 BREWSTER S	STREET, APT. 23	3	11 22 7 2010
City GLEN GOVE	State NY	Zip Code 11542	Transaction ID: SA11AI.8569  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		56.00
Name of Employer HILLSIDE DIVISION OF LIJ & CRA	Occupation ED TECH		PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00	
Full Name (Last, First, Middle Initial) CLARE THOMPSON			Date of Receipt
Mailing Address 1075 ANNA STR	EET		11 22 2010
City TEANECK	State NJ	Zip Code 07666	Transaction ID: SA11AI.8571
FEC ID number of contributing federal political committee.	C	07000	Amount of Each Receipt this Period  25.00
Name of Employer 1199 SEIU	Occupation VICE PR	n ESIDENT	PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optic	onal)		106.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 33 / 62   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT	L UNION FEDE	RAL POLITICAL ACTION F	UND
Full Name (Last, First, Middle Initial) VERONICA TURNER-BIGGS			Date of Receipt
Mailing Address 7009 BUCHANAN	ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CAMP SPRINGS	State MD	Zip Code 20748	Transaction ID: SA11AI.8573  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer 1199 SEIU	Occupation VICE PR	n ESIDENT	PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) MARIA BERNADETTE UY			Date of Receipt
Mailing Address 84-33 56TH AVEN FL. 1	UE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ELMHURST	State NY	Zip Code 11373	Transaction ID: SA11AI.8574  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11070	40.00
Name of Employer WORKERS CIRCLE-144	Occupation REGISTE	n ERED NURSE	PAYROLL DEDUCTION
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 362.00	1
Full Name (Last, First, Middle Initial)			
LORNA VALDEZ  Mailing Address 9445 116TH STRE	ET		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City S. RICHMOND HILL	State NY	Zip Code 11419	Transaction ID: SA11AI.8575  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11710	20.00
Name of Employer JAMAICA HOSPITAL	Occupation REGISTE	n ERED NURSE	PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 680.00	
SUBTOTAL of Receipts This Page (optional	al)		80.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 62 (check only one)  X 11a 11b 11c 12 15 16 11.
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persor he name and address of any political committee to support the committee the	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	ONION I EDELIAL I OLITICAL ACTION FO	
A. SUSAN VANETTEN  Mailing Address 208 AVENUE O		Date of Receipt
	75 0 d	11 22 2010
City <u>MATAMORAS</u>	State Zip Code PA 18336	Transaction ID: SA11AI.8577  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer HORTON CAMPUS ORMC	Occupation DP REGISTERED NURSE	PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial)  ANA VAZQUEZ		Date of Receipt
Mailing Address 1 ESSEX STREET		1 1 2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City AMSTERDAM	State Zip Code NY 12010	Transaction ID: SA11AI.8579
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  160.00
Name of Employer 1199 SEIU	Occupation ORGANIZER	PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) JEFFREY VOGEL		Date of Receipt
Mailing Address 4801 42ND STREET	, APT 4D	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SUNNYSIDE	State Zip Code NY 11104	Transaction ID: SA11AI.8581
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  50.00
Name of Employer BETH ISRAEL MEDICAL CTR-P- ETRIE	Occupation TECHNICAL/PROFESSIONAL	PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		235.00
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3X)  ITEMIZED RECEIPTS  Use separate schedule(strong each category of the Detailed Summary Page)			FOR LINE NUMBER:   PAGE 35 / 62   (check only one)     X   11a     11b     11c     12     13     14     15     16     1		
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)  1199 SERVICE EMPLOYEES INT'L					
Full Name (Last, First, Middle Initial) CLAUDIUS WATTS			Date of Receipt		
Mailing Address 4228 MONTICELLO	AVE		M M / D D / Y Y Y Y Y Y 1 1 1 2 2 2 2 0 1 0		
City BRONX	State NY	Zip Code 10466	Transaction ID: SA11AI.8583  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		20.00		
Name of Employer ANDRUS RETIREMENT COMMUNI- TY	Occupation DIETARY		PAYROLL DEDUCTION		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00			
Full Name (Last, First, Middle Initial) LOIS WILLIAMS			Date of Receipt		
Mailing Address 1646 EAST 96TH ST	REET		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City BROOKLYN	State NY	Zip Code 11236	Transaction ID: SA11AI.8585  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	11200	23.75		
Name of Employer HOLY FAMILY HOME	Occupation NURSING	n G ASSISTANT	PAYROLL DEDUCTION		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 213.75			
Full Name (Last, First, Middle Initial) SANYA WILLIAMS			Date of Receipt		
Mailing Address 832 GRAND TERRA	CE AVENUE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City BALDWIN	State NY	Zip Code 11510	Transaction ID: SA11AI.8588  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	11310	20.00		
Name of Employer BROOKDALE-SCHULMAN INSTIT- UTE	Occupation RECREA	TION THERAPIST	PAYROLL DEDUCTION		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00			
	1		63.75		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 36 / 62   (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UI	NION FEDE	RAL POLITICAL ACTION F	UND
Full Name (Last, First, Middle Initial) WINSTON WILLIAMS			Date of Receipt
Mailing Address 1057 EASTERN PKW	/, APT. 3A		1 1 2 2 2 2 0 1 0
City BROOKLYN	State NY	Zip Code 11213	Transaction ID: SA11AI.8591  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.67
Name of Employer BETH ISRAEL KINGS HIGHWAY	Occupatio HOUSE	n KEEPING	PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 216.70	
Full Name (Last, First, Middle Initial) BENICIA WILLIAMS-DELACRUZ			Date of Receipt
Mailing Address 747 MCDONOUGH ST 1B	REET		11 22 7 2010
City BROOKLYN	State NY	Zip Code 11233	Transaction ID: SA11AI.8593  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		90.00
Name of Employer 1199 SEIU	Occupatio		PAYROLL DEDUCTION
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) JEREMY WINFRED			Date of Receipt
Mailing Address 82 ROSLYN STREET			1 1 2 2 Y Y Y Y Y Y
City ROCHESTER	State NY	Zip Code 14619	Transaction ID: SA11AI.8596  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer STRONG MEMORIAL HOSPITAL	Occupatio ENVIRO	n NMENTAL SVC. WORKER	PAYROLL DEDUCTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	
SUBTOTAL of Receipts This Page (optional)			191.67
TOTAL This Period (last page this line number	only)		5681.81

A.

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 62 (check only one)  11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and or for commercial purposes, other than using			
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	. UNION FEDE	RAL POLITICAL ACTION F	-UND
Full Name (Last, First, Middle Initial) TD BANK			Date of Receipt
Mailing Address 1710 ROUTE 70 EA	ST		10 29 2010
City	State	Zip Code	Transaction ID: SA17.8377
CHERRY HILL	NJ	08034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		226.26  INTEREST INCOME
Name of Employer	Occupation	n	INTEREST INCOME
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2306.07	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	226.26
TOTAL This Period (last page this line number only)	<u> </u>	226.26

A.

В.

President District:

-			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	X 22 23 24 25 26
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNIO			
Full Name (Last, First, Middle Initial) SEIU COPE FUND			Transaction ID: SB22.8378  Date of Disbursement
Mailing Address 1313 L STREET, NW			$\begin{bmatrix} M & M & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 2 & 2 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City WASHINGTON	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement TRANSFER			500000.00
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) SEIU COPE FUND			Transaction ID: SB22.8380 Date of Disbursement
Mailing Address 1313 L STREET, NW			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & G \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & I & O \end{bmatrix}$
City WASHINGTON	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement TRANSFER			40000.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	900000.00
TOTAL This Period (last page this line number only)	•	900000.00

State:

	Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 62
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one)       21b     22     23     24     25       27     X     28a     28b     28c     29
		rany person for the purpose of soliciting contributions mmittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full)  1199 SERVICE EMPLOYEES INT'L UNI		
Full Name (Last, First, Middle Initial) MONIQUE CLERGE		Transaction ID: SB28A.8382 Date of Disbursement
Mailing Address 372 HIGH STREET		111 D 18 / Y 2010 Y
City ORANGE	State Zip Code NJ 07050	Amount of Each Disbursement this Perio
Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION		60.00
Candidate Name		Category/ Type
Office Sought: House Disbur Senate President State: District:	sement For:  Primary General  Other (specify) ▼	
Full Name (Last, First, Middle Initial)  ANTOINETTE NORZIL		Transaction ID: SB28A.8384 Date of Disbursement
Mailing Address 12 BROOKWOOD DR	VE	11
City MAPLEWOOD	State Zip Code NJ 07040	Amount of Each Disbursement this Perio
Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION		30.00
Candidate Name		Category/ Type
Office Sought: House Senate President State: District:	sement For:  Primary General  Other (specify) ▼	
Full Name (Last, First, Middle Initial) DONNAVAN PURRIER		Transaction ID: SB28A.8401 Date of Disbursement
Mailing Address 580 FLATBUSH AVEN	UE	1 1 1 D 1 D 1 Y 2 0 1 0 Y
City BROOKLYN	State Zip Code NY 11225	Amount of Each Disbursement this Perio
Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name		260.00 Category/
	sement For:	Type
CHOCCOUNTE FINANCE FINANCE		
Senate President	Primary General  Other (specify) ▼	
Senate	Other (specify) ▼	> 350.00

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SCHEDULE B (FEC Form 3X)		NE NUMBER: PAGE 40 / 62
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page 27	only one)  22
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name	, , , ,	' '
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION	I FEDERAL POLITICAL ACTION F	FUND
Full Name (Last, First, Middle Initial) BRENDALIN REDWAY		Transaction ID: SB28A.8386 Date of Disbursement
Mailing Address 370 PARK STREET APT. #17		111
7	State Zip Code NJ 07601	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION		60.00
Candidate Name	Category/ Type	
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)	
State: District:	•	

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	60.00
TOTAL This Period (last page this line number only)		410.00

Transaction   Disbursement   Disb	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
n Ambiender of Disbursement For:  Full Name (Last, First, Middle Initial) 1199 SERUCE EMPLOYEES INTL UNION FEDERAL POLITICAL ACTION FUND  Full Name (Last, First, Middle Initial) 1199 CREDIT UNION  Mailing Address 330 WEST 42ND STREET  City NEW YORK NY 10036  Purpose of Disbursement Refull Office Sought:  Full Name (Last, First, Middle Initial) 1199 State District:  Full Name (Last, First, Middle Initial) 1190 Seruce of Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial) 1199 SETUND OF DEPOST INTO WRONG ACCOUNT Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial) 1199 SETUND OF DEPOST INTO WRONG ACCOUNT Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial) 1199 SETUND OF DEPOST INTO WRONG ACCOUNT Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial) HEALT HOUSE Senate Primary General Office Sought:  Full Name (Last, First, Middle Initial) HEALT HOUSE Senate Primary General Office Sought:  Full Name (Last, First, Middle Initial) HEALT HOUSE Senate Primary General Office Sought:  Full Name (Last, First, Middle Initial) HEALT HOUSE Senate Primary General Office Sought:  Full Name (Last, First, Middle Initial) HEALT HOUSE Senate Primary General Office Sought:  Full Name (Last, First, Middle Initial) HEALT HOUSE State: District:  State: District: State: District:  State: District: State: District: State: District: State: District: State: District: State: District: State: District: State: District: State: District: State: District: State: Distric	ITEMIZED DISBURSEMENTS	for each category of the	21b	22 23 24 25 26
NAME OF COMMITTEE (In Full)  1199 SERVICE EMPLOYEES INTL UNION FEDERAL POLITICAL ACTION FUND  Full Name (Last, First, Middle Initial)  1199 CREDIT UNION  Mailing Address 330 WEST 42ND STREET  City NEW YORK  NEW YORK  Purpose of Disbursement REMIT IN ERROR  Cardidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  1199 SEIU DUES ACCOUNT  Mailing Address 330 WEST 42ND STREET, 7TH FLOOR  City NEW YORK  Purpose of Disbursement REFUND OF DEPOST INTO WRONG ACCOUNT  Cardidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  State:  Disbursement Disbursement REFUND OF DEPOST INTO WRONG ACCOUNT  Cardidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  State:  Disbursement Disbursement REFUND OF DEPOST INTO WRONG ACCOUNT  Cardidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  State:  Disbursement REFUND OF DEPOST INTO WRONG ACCOUNT  Cardidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  Transaction ID: SB29.8412  Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: SB29.8403  Date of Disbursement  Transaction ID: SB29.8403  Date of Disbursement  Transaction ID: SB29.8403  Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: SB29.8403  Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: SB29.8403  Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: SB29.8403  Date of Disbursement this Period  Transaction ID: SB2				
Date of Disbursement  City	NAME OF COMMITTEE (In Full)			
Mailing Address 330 WEST 42ND STREET  City YORK NEW YORK NY 10036  Purpose of Disbursement REMT IN ERROR Candidate Name  Office Sought:				
NEW YORK Purpose of Disbursement REMIT IN ERROR Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) 1199 SEIU DUES ACCOUNT  Mailing Address 330 WEST 42ND STREET, 7TH FLOOR  City NEW YORK NY 10036 Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT  Candidate Name  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial) 1199 SEIU DUES ACCOUNT  Candidate Name  Office Sought: House President Senate President State: District:  Full Name (Last, First, Middle Initial) HEALTHCARE EDUCATION PROJECT  Mailing Address 330 WEST 42ND STREET, 7TH FLOOR  Transaction ID: SB29,8412 Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: SB29,8403 Date of Disbursement  Transaction ID: SB29,8403 Date of Disbursement this Period  Transaction ID: SB29,8403 Date of Disbursement  Transaction ID: SB29,8403 Date of Disbursement  Transaction ID: SB29,8403 Date of Disbursement  Transaction ID: SB29,8403 Date of Disbursement this Period  Transaction ID: SB29,8403 Date of Disbursement this Period  Transaction ID: SB29,8403 Date of Disbursement ID: SB29,8403 Dat	Mailing Address 330 WEST 42ND STREE	ET		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \   / \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 8 \end{smallmatrix} \end{bmatrix} \   / \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
REMIT IN ERROR  Cardidate Name  Office Sought: House Senate President Primary General Disbursement this Period NEW YORK NY 10036  Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT  Candidate Name  Office Sought: House President Disbursement For: Senate President NY 10036  Category/ Type  Transaction ID: SB29,8412 Date of Disbursement Into Washington Disbursement This Period NEW YORK NY 10036  Purpose of Disbursement Primary General President District:  Full Name (Last, First, Middle Initial)  HEALTHCARE EDUCATION PROJECT  Mailing Address 330 WEST 42ND STREET  City Name (Last, First, Middle Initial)  HEALTHCARE EDUCATION PROJECT  Mailing Address 330 WEST 42ND STREET  City Now YORK NY 10036  Purpose of Disbursement NY 10036  Purpose of Disbursement Primary General NY 10036  Purpose of Disbursement For: Senate NY 10036  Purpose of Disbursement For: Galdate Name  Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  SUBTOTAL of Disbursements This Page (optional) → Finanse General Primary	City NEW YORK			Amount of Each Disbursement this Period
Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) 1199 SEIU DUES ACCOUNT  Mailing Address 330 WEST 42ND STREET, 7TH FLOOR  City NEW YORK NY 10036 Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT  Candidate Name Disbursement Primary General Primary General President Other (specify) ▼  State District:  Full Name (Last, First, Middle Initial) 14036  Transaction ID: SB29.8412 Date of Disbursement this Period NY 10036  Amount of Each Disbursement this Period Other (specify) ▼  Transaction ID: SB29.8403 Date of Disbursement this Period Other (specify) ▼  Transaction ID: SB29.8403 Date of Disbursement This Period Other (specify) ▼  Transaction ID: SB29.8403 Date of Disbursement This Period Other (specify) ▼  Transaction ID: SB29.8403 Date of Disbursement This Period Other (specify) ▼  Transaction ID: SB29.8403 Date of Disbursement This Period Other (specify) ▼  Transaction ID: SB29.8403 Date of Disbursement This Period Other (specify) ▼  Transaction ID: SB29.8403 Date of Disbursement This Period Other (specify) ▼  Transaction ID: SB29.8403 Date of Disbursement This Period Other (specify) ▼  Transaction ID: SB29.8403 Date of Disbursement This Period Other (specify) ▼  Transaction ID: SB29.8403 Date of Disbursement This Period Other (specify) ▼  Transaction ID: SB29.8403 Date of Disbursement This Period Other (specify) ▼  Transaction ID: SB29.8412 Date of Disbursement This Period Other (specify) ▼  Transaction ID: SB29.8412 Date of Disbursement This Period Other (specify) ▼  Transaction ID: SB29.8412 Date of Disbursement This Period Other (specify) ▼  Transaction ID: SB29.8412 Date of Disbursement This Period Other (specify) ▼  Transaction ID: SB29.8412 Date of Disbursement This Period Other (specify) ▼  Transaction ID: SB29.8412 Date of Disbursement This Period Other (specify) ▼  Transaction ID: SB29.8412 Date of Disbursement This Period Other (specify) ▼  Transaction ID: SB29.8412 Date of Disbursement This Period Other (specify) ▼  Transaction ID: SB29.	REMIT IN ERROR			140.00
Senate President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) 1199 SEIU DUES ACCOUNT  Mailing Address 330 WEST 42ND STREET, 7TH FLOOR  City State Zip Code NY 10036  Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) HEALTHCARE EDUCATION PROJECT  Mailing Address 330 WEST 42ND STREET  City Name (Last, First, Middle Initial) HEALTHCARE EDUCATION PROJECT  Mailing Address 330 WEST 42ND STREET  City NEW YORK NY 10036  Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT Candidate Name  Office Sought: House State Zip Code NY 10036  Purpos of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT Candidate Name  Office Sought: House Senate President State Zip Code NY 10036  Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT Candidate Name  Office Sought: House Senate President Other (specify) ▼  State: District:  State: District:  State: District: District: Primary General Other (specify) ▼  SUBTOTAL of Disbursements This Page (optional)		mont For:		
Transaction ID: SB29.8412 Date of Disbursement  Mailing Address 330 WEST 42ND STREET, 7TH FLOOR  City NEW YORK NY 10036  Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT Candidate Name  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial) HEALTHCARE EDUCATION PROJECT  Mailing Address 330 WEST 42ND STREET  City NEW YORK NY 10036  Purpose of Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial) HEALTHCARE EDUCATION PROJECT  Mailing Address 330 WEST 42ND STREET  City NEW YORK NY 10036  Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT Candidate Name  Office Sought: House President State: District:  Disbursement For: Senate Senate President State: District:  Disbursement For: Senate Sen	Senate President	Primary General		
Mailing Address 330 WEST 42ND STREET, 7TH FLOOR  City NEW YORK State Zip Code NY 10036  Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT Candidate Name  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial) HEALTHCARE EDUCATION PROJECT  Mailing Address 330 WEST 42ND STREET  City NY 10036  Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT  Category/ Type  Transaction ID: SB29.8403 Date of Disbursement  NY 10036  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement  Transaction ID: SB29.8403 Date of Disbursement  NY 10036  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Office Sought: House Primary General  Office Sought: House President  Senate Primary General  Other (specify) ▼  Senate Primary General  Other (specify) ▼  State: District:  Subtotal of Disbursements This Page (optional)	Full Name (Last, First, Middle Initial)			
NEW YORK  Purpose of Disbursement  REFUND OF DEPOSIT INTO WRONG ACCOUNT  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  HEALTHCARE EDUCATION PROJECT  Mailing Address 330 WEST 42ND STREET  City State Zip Code NY 10036  Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT  Candidate Name  Office Sought: House Primary General Other (specify) ▼  Substraction ID: SB29.8403  Date of Disbursement  M 1 M / D 1 D / Y 2 0 1 0 Y  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Office Sought: House Primary General Other (specify) ▼  Substraction ID: SB29.8403  Date of Disbursement  M 1 M / D 1 D / Y 2 0 1 0 Y  Type  Amount of Each Disbursement this Period  Office Sought: House Primary General Other (specify) ▼  State: District:		ET, 7TH FLOOR		
REFUND OF DEPOSIT INTO WRONG ACCOUNT  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) HEALTHCARE EDUCATION PROJECT  Mailing Address 330 WEST 42ND STREET  City NEW YORK NY 10036  Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT Candidate Name  Office Sought: House Primary General Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substock State Size Category/ Type  Amount of Each Disbursement this Period Tippe  Category/ Type  Amount of Each Disbursement this Period Tippe  Category/ Type  Amount of Each Disbursement this Period Tippe  Category/ Type  Amount of Each Disbursement this Period Tippe  Category/ Type  Amount of Each Disbursement this Period Tippe  Category/ Type  Amount of Each Disbursement this Period Tippe  Category/ Type  Amount of Each Disbursement this Period Tippe  Category/ Type  Amount of Each Disbursement this Period Tippe  Category/ Type  Amount of Each Disbursement this Period Tippe  Category/ Type  Amount of Each Disbursement this Period Tippe  Category/ Type  Amount of Each Disbursement this Period Tippe  Category/ Type  Amount of Each Disbursement this Period Tippe  Category/ Type  Amount of Each Disbursement this Period Tippe  Category/ Type  Amount of Each Disbursement this Period Tippe  Category/ Type  Amount of Each Disbursement this Period Tippe  Category/ Type  Amount of Each Disbursement this Period Tippe  Amount of Each Disbursement this Period Tippe  Category/ Type  Amount of Each Disbursement this Period Tippe  Category/ Type  Amount of Each Disbursement this Period Tippe  Amount of Each Disbursement this Period Tippe  Category/ Type  Amount of Each Disbursement this Period Tippe  Amount of Each Disbursement this Period Tippe Tipp				Amount of Each Disbursement this Period
Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) HEALTHCARE EDUCATION PROJECT  Mailing Address 330 WEST 42ND STREET  City State Zip Code NEW YORK NY 10036  Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Disbursement For: General Other (specify) ▼  State: Disbursements This Page (optional)	REFUND OF DEPOSIT INTO WRONG ACCOU	NT		330.00
Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) HEALTHCARE EDUCATION PROJECT  Mailing Address 330 WEST 42ND STREET  City State Zip Code NY 10036  Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Substortal of Disbursements This Page (optional)	Candidate Name			
HEALTHCARE EDUCATION PROJECT  Mailing Address 330 WEST 42ND STREET  City State Zip Code NEW YORK NY 10036  Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT  Candidate Name Category/ Type  Office Sought: House Primary General Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary General		
City State Zip Code NEW YORK NY 10036  Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)				Date of Disbursement
NEW YORK  Purpose of Disbursement  REFUND OF DEPOSIT INTO WRONG ACCOUNT  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)	Mailing Address 330 WEST 42ND STREE	ΞΤ		11
REFUND OF DEPOSIT INTO WRONG ACCOUNT  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify)   State: District:  SUBTOTAL of Disbursements This Page (optional)	NEW YORK			
Office Sought: House Senate Primary General Other (specify) State: District:  Substitute: Disbursements This Page (optional)	REFUND OF DEPOSIT INTO WRONG ACCOUNT	NT		160.77
SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary General	і уре	
COSTOTAL OF Dissursation to Title 1 age (optional)	<u>'</u>			620.77
TOTAL This Period (last page this line number only)	SUBTUTAL of Disbursements This Page (optional)		<u>\</u>	

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

PAGE 42 / 62 FOR LINE NUMBER: (check only one) 9

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

Excluding Loans	nı	umbered line)	X 10
NAME OF COMMITTEE (In Full)			
1199 SERVICE EMPLOYEES INT'L UNION FE	EDERAL POLITICAL ACTION FUI	ND	
A. Full Name (Last, First, Middle Initial) of Debtor of		Nature of Debt (Pur	rpose):
1199 SEIU UNITED HEALTHCARE WORK	ERS EAST	REIMBURSE ST AND BENEFITS	AFF SALARIES
		- AND BLINEI II S	
Mailing Address 330 WEST 42ND STREET			
City	ZIP Code		
City State NEW YORK NY	10036		
	10030		
Outstanding Balance Beginning This Period		Transactio	n ID: SD10.6240
8091.98			
		0	
Amount Incurred This Period	Payment This Period	Outstanding Balar	nce at Close of This Period
0.00	0.00		8091.98
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor	Nature of Debt (Pur	rpose):
1199 SEIU UNITED HEALTHCARE WORK		REIMBURSE ST AND BENEFITS	AFF SALARIES
		AND BENEFITS	
Mailing Address 330 WEST 42ND STREET			
City State	ZIP Code		
NEW YORK NY	10036		
Outstanding Balance Beginning This Period		Transactio	n ID: SD10.6241
1 1 1 1 1 1 1 1 1 1		Trunsactio	
65588.32			
Amount Incurred This Period	Payment This Period	Outstanding Balar	nce at Close of This Period
0.00	0.00		65588.32
			00000.02
C. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor	Nature of Debt (Pur	rnose).
1199 SEIU UNITED HEALTHCARE WORK		REIMBURSE ST	AFF SALARIES
		AND BENEFITS	
Mailing Address 330 WEST 42ND STREET			
City State	ZIP Code		
NEW YORK NY	10036		
Outstanding Balance Beginning This Period		Transactio	n ID: SD10.6242
14545 40			
14545.49			
Amount Incurred This Period			
	Payment This Period	Outstanding Balar	nce at Close of This Period
0.00	Payment This Period 0.00	Outstanding Balar	14545.49
		Outstanding Balar	
	0.00	Outstanding Balar	
1) SUBTOTALS This Period This Page (optional)	0.00	Outstanding Balar	14545.49
0.00	0.00	Outstanding Balar	14545.49
1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number or	0.00	Outstanding Balar	14545.49

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

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	1199 SERVICE EMPL	OYFES INT'I	UNION FEDERAL	POI ITICAL	<b>ACTION FUND</b>
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	ME OF COMMITTEE (In 99 SERVICE EMPLO	,	FEDERAL POLITICAL ACTION FUNI	)	
	A. Full Name (Last, Firs 1199 SEIU UNITED H			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
	Mailing Address 330 V	VEST 42ND STREET			
	City NEW YORK	State NY			
	Outstanding Balance I	Beginning This Period		Transaction ID: SD10.6243	
		3157.42			
	Amount Incurre	ed This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	3157.42	
	B. Full Name (Last, Firs 1199 SEIU UNITED I		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS		
	Mailing Address 330 V	VEST 42ND STREET	-		
	City NEW YORK	State NY	ZIP Code 10036		
	Outstanding Balance I	Beginning This Period		Transaction ID: SD10.6244	
		56833.56			
	Amount Incurre	ed This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	56833.56	
	C. Full Name (Last, Firs 1199 SEIU UNITED H	. ,		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
	Mailing Address 330 V	VEST 42ND STREET	-		
	City NEW YORK	State NY	ZIP Code 10036		
	Outstanding Balance I	Beginning This Period		Transaction ID: SD10.6245	
		82522.06			
	Amount Incurre	ed This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	82522.06	
1)	SUBTOTALS This Per	iod This Page (optional).		142513.04	
2)	TOTALS This Period (la	st page this line number	only)	<b>&gt;</b>	
3)	TOTAL OUTSTANDING	LOANS from Schedu	ule C (last page only)	<b>•</b>	
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

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

PAGE 44 / 62 FOR LINE NUMBER: (check only one)

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Exclu	iding	Loans
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	F COMMITTEE (I ERVICE EMPLO	,	EDERAL POLITICAL ACTION FUN	D	
		st, Middle Initial) of Debtor of HEALTHCARE WORK	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS		
Mailir	ng Address 330	WEST 42ND STREET			
City NEW	V YORK	State NY			
Ou	ıtstanding 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	
		st, Middle Initial) of Debtor of HEALTHCARE WORK	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS		
Mailir	ng Address 330	WEST 42ND STREET			
City NEW	V YORK	State NY	ZIP Code 10036		
Ou	utstanding Balance	Beginning This Period		Transaction ID: SD10.6247	
		2812.96			
_	Amount Incur	red This Period	Payment This Period	Outstanding Balance at Close of This Period	
L		0.00	0.00	2812.96	
		st, Middle Initial) of Debtor of HEALTHCARE WORK		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
Mailir	ng Address 330	WEST 42ND STREET			
City NEW	V YORK	State NY	ZIP Code 10036		
Ou	utstanding Balance	Beginning This Period		Transaction ID: SD10.6248	
		5095.64			
	Amount Incur	red This Period	Payment This Period	Outstanding Balance at Close of This Period	
L		0.00	0.00	5095.64	
) SUB	TOTALS This Pe	eriod This Page (optional)		85942.36	
) тот	ALS This Period (I	ast page this line number or	nly)	<b>&gt;</b>	
) TOT	AL OUTSTANDIN	G LOANS from Schedule	e C (last page only)	<b>&gt;</b>	
	2) and 3) and ca	rry forward to appropriate lir	ne of Summary Page (last page only)	<b>&gt;</b>	

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

PAGE 45 / 62 FOR LINE NUMBER: (check only one)

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1199 SERVICE EMPLOYEES	I'TNI	UNION FEDERAL	POLITICAL	<b>ACTION</b>	FUND
1133 OLITVIOL LIVII LOTELO			OLITIO/\L	71011011	1 OIVD

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	s 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	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>
3) TOTAL OUTS	TANDING LOANS from Schedu	lle C (last page only)	

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

PAGE 46 / 62 FOR LINE NUMBER: 9 (check only one) X 10

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

	OMMITTEE (In Full) VICE EMPLOYEES INT'L UNI	ON FEDERAL POLITICAL ACTION FUND	)			
	Name (Last, First, Middle Initial) of DEIU UNITED HEALTHCARE W	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS				
Mailing A	ddress 330 WEST 42ND STF	REET				
City NEW Y	State ORK NY	ZIP Code 10036				
Outsta	nding Balance Beginning This Peri	od	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			
	Name (Last, First, Middle Initial) of E EIU UNITED HEALTHCARE W		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS			
Mailing A	ddress 330 WEST 42ND STF	REET				
City NEW Y	State ORK NY	ZIP Code 10036				
Outsta	anding Balance Beginning This Peri	od	Transaction ID: SD10.6287  Outstanding Balance at Close of This Period			
	16789.92					
	Amount Incurred This Period	Payment This Period				
	0.00	0.00	16789.92			
I	Name (Last, First, Middle Initial) of E EIU UNITED HEALTHCARE W		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS			
Mailing A	ddress 330 WEST 42ND STF	REET				
City NEW Y	State ORK NY	ZIP Code 10036				
Outsta	anding Balance Beginning This Peri	od	Transaction ID: SD10.6288			
	9286.03					
	Amount Incurred This Period	Outstanding Balance at Close of This Period				
	0.00	0.00	9286.03			
1) SUBTOT	ALS This Period This Page (option	onal)	29510.62			
2) TOTALS This Period (last page this line number only)						
	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
3) TOTAL (	OUTSTANDING LOANS from S	chedule C (last page only)	<b>&gt;</b>			

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

PAGE 47 / 62 FOR LINE NUMBER: 9 (check only one) X 10

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

NAME OF COMMITTEE 1199 SERVICE EMPL		FEDERAL POLITICAL ACTION FUNI	D	
A. Full Name (Last, F AMERICAN EXPRE	irst, Middle Initial) of Debto	Nature of Debt (Purpose): CATERING		
Mailing Address P.C	). BOX 2855			
City NEW YORK	State NY	ZIP Code 10116-2855		
Outstanding Balanc	e Beginning This Period		Transaction ID: SD10.6289	
	240.00			
Amount Incu	urred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	240.00	
B. Full Name (Last, F AVIS RENT A CAR	irst, Middle Initial) of Debto SYSTEM, INC.	or or Creditor	Nature of Debt (Purpose): TRAVEL EXPENSES	
Mailing Address 787	6 COLLECTIONS CTF	R DRIVE		
City CHICAGO	State IL	ZIP Code 60693		
Outstanding Balance	e Beginning This Period		Transaction ID: SD10.6540	
	1156.12			
Amount Incu	rred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	1156.12	
C. Full Name (Last, F JENNY BAUER	irst, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose): REIMBURSEMENT FOR CATERING EXPENSES	
Mailing Address 2 W	VILCOTT PARK		_	
City MEDFORD	State MA	ZIP Code 02155		
Outstanding Balanc	e Beginning This Period		Transaction ID: SD10.6541	
	43.65			
Amount Incu	rred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	43.65	
) SUBTOTALS This F	Period This Page (optional).		1439.77	
P) TOTALS This Period	(last page this line number	only)	<b>&gt;</b>	
) TOTAL OUTSTANDII	NG LOANS from Sched	ule C (last page only)	<b>&gt;</b>	
) ADD 2) and 3) and c	carry forward to appropriate	line of Summary Page (last page only)	<b>&gt;</b>	

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

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Ex	clι	ıdir	ng	Lo	ans

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

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION F	FEDERAL POLITICAL ACTION FUN	D
A. Full Name (Last, First, Middle Initial) of Debtor LILLIAN CARINO	Nature of Debt (Purpose): REIMBURSEMENT FOR TRAVEL EXPENSES	
Mailing Address 327 SAINT NICHOLAS AVENUE APT. 2N		
City State NEW YORK NY	ZIP Code 10027-3609	
Outstanding Balance Beginning This Period		Transaction ID: SD10.6508
45.00 Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	45.00
B. Full Name (Last, First, Middle Initial) of Debtor MACK CROUNSE GROUP	Nature of Debt (Purpose): MAILINGS	
Mailing Address 2001 N. BEAUREGARD S		
City State ALEXANDRIA VA	ZIP Code 22311	
Outstanding Balance Beginning This Period 25000.00		Transaction ID: SD10.8322
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	23393.66	1606.34
C. Full Name (Last, First, Middle Initial) of Debtor MACK CROUNSE GROUP	r or Creditor	Nature of Debt (Purpose): MAILINGS
Mailing Address 2001 N. BEAUREGARD S	T., STE 420	
City State ALEXANDRIA VA	ZIP Code 22311	
Outstanding Balance Beginning This Period		Transaction ID: SD10.8323
25000.00  Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	23393.66	1606.34
SUBTOTALS This Period This Page (optional)		▶ 3257.68
2) TOTALS This Period (last page this line number	<b>&gt;</b>	
3) TOTAL OUTSTANDING LOANS from Schedu	ule C (last page only)	<b>&gt;</b>
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	<b>&gt;</b>

(Use separate schedule(s) for each numbered line) PAGE 49 / 62 9

FOR LINE NUMBER:		
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	ME OF COMMITTEE (In I 9 SERVICE EMPLOY		FEDERAL POLITICAL ACTION FUN	D	
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NOVAK MEDIA INC.			Nature of Debt (Purpose): RADIO BUY & PRODUCTION	
ľ	Mailing Address 159 WEST MAIN STREET				
- 1	Dity WEBSTER	State NY	ZIP Code 14580		
	Outstanding Balance B	eginning This Period		Transaction ID: SD10.7361	
		18850.00			
	Amount Incurred	d This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	18850.00	
	3. Full Name (Last, First, ANTONELLA PECHTE		or or Creditor	Nature of Debt (Purpose): REIMBURSEMENT CATERING EX-PENSE	
N	Mailing Address 401 Ro	OSE AVE			
	City SCHENECTADY	State NY	ZIP Code 12308		
	Outstanding Balance B	eginning This Period		Transaction ID: SD10.6531	
		201.39			
	Amount Incurred	d This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	201.39	
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEIU COMMUNICATIONS CENTER LLC.			Nature of Debt (Purpose): ROBO CALLS	
ľ	Mailing Address 330 W	EST 42ND STREE	Т		
	City NEW YORK	State NY	ZIP Code 10036		
	Outstanding Balance Beginning This Period			Transaction ID: SD10.7362	
		4372.06			
	Amount Incurred	d This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	4372.06	
1) \$	SUBTOTALS This Perio	od This Page (optional)		▶ 23423.45	
2)	2) TOTALS This Period (last page this line number only)				
3) ]	TOTAL OUTSTANDING	LOANS from Scheo	dule C (last page only)	<b>&gt;</b>	
4) /	4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

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

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Excluding Loans		numbered line)	X 10	
NAME OF COMMITTEE (In Full)				
1199 SERVICE EMPLOYEES INT'L UNION FE	EDERAL POLITICAL ACTION F	UND		
A. Full Name (Last, First, Middle Initial) of Debtor of SEIU COMMUNICATIONS CENTER LLC.		Nature of Debt (Purpose): PHONE BANK CALLS		
Mailing Address 330 WEST 42ND STREET				
City State NEW YORK NY	ZIP Code 10036			
Outstanding Balance Beginning This Period		Transaction I	<b>D</b> : SD10.8324	
7898.40				
Amount Incurred This Period	Payment This Period	Outstanding Balance	Outstanding Balance at Close of This Period	
0.00	7898.40		0.00	
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor of SEIU COMMUNICATIONS CENTER LLC.		Nature of Debt (Purpose): PHONE BANK CALLS		
Mailing Address 330 WEST 42ND STREET				
City State NEW YORK NY	ZIP Code 10036			
Outstanding Balance Beginning This Period		Transaction I	Transaction ID: SD10.8325	
32000.00				
Amount Incurred This Period	Payment This Period	Outstanding Balance	Outstanding Balance at Close of This Period	
0.00	9842.75		22157.25	
C. Full Name (Last, First, Middle Initial) of Debtor of SEIU COMMUNICATIONS CENTER LLC.	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEIU COMMUNICATIONS CENTER LLC.		Nature of Debt (Purpose): LIVE PHONE CALLS	
Mailing Address 330 WEST 42ND STREET				
City State NEW YORK NY	ZIP Code 10036			
Outstanding Balance Beginning This Period		Transaction I	<b>D</b> : SD10.8326	
10000.00				
Amount Incurred This Period	Payment This Period	Outstanding Balance	at Close of This Period	
0.00	10000.00		0.00	
1) SUBTOTALS This Period This Page (optional)		<b>•</b>	22157.25	
2) TOTALS This Period (last page this line number or	nly)	<b>&gt;</b>		
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	<b>&gt;</b>		
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only)	<b>-</b>		

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Excluding Loans	TIE	X 10	
NAME OF COMMITTEE (In Full)	EDEDAL BOLITICAL ACTION FUR	ID.	
1199 SERVICE EMPLOYEES INT'L UNION FI	EDERAL POLITICAL ACTION FUN	אט	
A. Full Name (Last, First, Middle Initial) of Debtor of THE NEW MEDIA FIRM	Nature of Debt (Purpose): RADIO ADS		
Mailing Address 1730 RHODE ISLAND AVE	NUE NW		
City State WASHINGTON DC	ZIP Code 20036		
Outstanding Balance Beginning This Period		Transaction ID: SD10.8327	
150000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	150000.00	
B. Full Name (Last, First, Middle Initial) of Debtor of UNION TRAVEL MASTERCARD	Nature of Debt (Purpose): CATERING EXPENSES		
Mailing Address P.O. BOX 88000			
City State BALTIMORE MD	ZIP Code 21288		
Outstanding Balance Beginning 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	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD		Nature of Debt (Purpose): CATERING EXPENSES	
Mailing Address P.O. BOX 88000			
City State BALTIMORE MD	ZIP Code 21288		
Outstanding Balance Beginning This Period		Transaction ID: SD10.6518	
1849.15			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1849.15	
1) SUBTOTALS This Period This Page (optional)		<b>153746.62</b>	
2) TOTALS This Period (last page this line number or		<b>•</b>	
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	>	
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only)	<b>•</b>	

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

PAGE 52 / 62 FOR LINE NUMBER: 9 (check only one)

Excluding Loans			numbered line)	X 10	
NAME OF COMMIT					
1199 SERVICE E	MPLOYEES INT'L UNION FI	EDERAL POLITICAL ACTION F	FUND		
T					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Pur BEVERAGE EXF		
UNION TRAVEL MASTERCARD			DEVERAGE EXP	TENSES	
Mailing Address	Mailing Address P.O. BOX 88000				
	1.0.207(0000				
City	State	ZIP Code			
BALTIMORE	MD	21288			
Outstanding B	Salance Beginning This Period		Transaction	n ID: SD10.6519	
	835.02				
Amoun	t Incurred This Period	Payment This Period	Outstanding Balan	Outstanding Balance at Close of This Period	
	0.00	0.00		835.02	
B. Full Name (L	ast, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Pur	pose):	
UNION TRAVE	EL MASTERCARD		TRAVEL EXPEN	SES	
Mailing Address	P.O. BOX 88000				
City	State	ZIP Code			
BALTIMORE	MD	21288			
Outstanding B	Salance Beginning This Period		Tuomanation	- ID- CD10 CE00	
Outstanding B			Transaction	n ID: SD10.6520	
	435.95				
Amount Incurred This Period		Payment This Period	Outstanding Balan	ce at Close of This Period	
	0.00			435.95	
	0.00	0.00		+00.00	
C. Full Name (L	ast, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Pur	nose).	
	EL MASTERCARD	Si Circuitor	TRAVEL EXPEN		
Mailing Address	P.O. BOX 88000				
0':		710.0			
City BALTIMORE	State MD	ZIP Code 21288			
		21200			
Outstanding B	Balance Beginning This Period		Transaction	n ID: SD10.6521	
	1056.95				
Amoun	t Incurred This Period	Payment This Period	Outstanding Balan	ce at Close of This Period	
1 1 1	• • • • • • •				
	0.00	0.00		1056.95	
1					
1) SURTOTALS T	This Period This Page (ontional)		<b>•</b>	2327.92	
I) SUBTOTALS This Period This Page (optional)					
2) TOTALS This Period (last page this line number only)					
3) TOTAL OUTSTA	ANDING LOANS from Schedul	e C (last page only)			
4) ADD 2) and 3)	and carry forward to appropriate lin	ne of Summary Page (last page only)	<b>&gt;</b>		

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PAGE 53 / 62 FOR LINE NUMBER: (check only one) 9

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	OF COMMITTEE (In F					
1199 S	ERVICE EMPLOY	EES INT'L UNION F	EDERAL POLITICAL ACTION F	FUND		
				1		
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Pur		
UNIV	UNION TRAVEL MASTERCARD			CATERING EXP	ENSES	
Maili	ng Address P.O. B	NOX 88000				
		-G/1 00000				
City		State	ZIP Code			
BAL	TIMORE	MD	21288			
O	utstanding Balance Be	eginning This Period		Transactio	n ID: SD10.6522	
		2372.04				
	Amount Incurred	d This Period	Payment This Period	Outstanding Balar	Outstanding Balance at Close of This Period	
		0.00	0.00		2372.04	
		Middle Initial) of Debtor	or Creditor	Nature of Debt (Pur		
UNI	ON TRAVEL MAS	TERCARD		TRAVEL EXPEN	ISES	
		-0.1,0000				
Maili	ng Address P.O. B	OX 88000				
City		State	ZIP Code			
,	TIMORE	MD	21288			
O	utstanding Balance Be	eainning This Period		Transactio	n ID: SD10.6533	
	atota i a i i g Data i o o Di			Transactio	IIID. OD 10.0000	
		367.37				
	Amount Incurred This Period Payment This Period  0.00 0.00		Payment This Period	Outstanding Balar	nce at Close of This Period	
				367.37		
C. F	full Name (Last, First,	Middle Initial) of Debtor	or Creditor	Nature of Debt (Pu	Nature of Debt (Purpose):	
	ON TRAVEL MAS			TRAVEL EXPEN		
Maili	ng Address P.O. B	OX 88000				
City		State	ZIP Code			
,	TIMORE	MD	21288			
0	utstanding Balance Be	eginning This Period		Transactio	n ID: SD10.6535	
	distanding balance be			Transactio	11 ID: 3D 10.0000	
		262.40				
	Amount Incurred	d This Period	Payment This Period	Outstanding Balar	nce at Close of This Period	
		0.00	0.00		262.40	
		0.00	0.00		202.10	
1) SUB	TOTALS This Perio	od This Page (optional)		<b>•</b>	3001.81	
2) TOT	r) TOTALS This Period (last page this line number only)					
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3) 101	AL OUISTANDING	LUANS Irom Schedul	e C (last page only)			
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	uu	шу	LUU	

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

Excluding Loans	nu	mbered line)	X 10
NAME OF COMMITTEE (In Full)			
1199 SERVICE EMPLOYEES INT'L UNION F	EDERAL POLITICAL ACTION FUN	ID	
A. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARD	or Creditor	Nature of Debt (Purpo CATERING EXPE	
Mailing Address P.O. BOX 88000			
City State BALTIMORE MD	ZIP Code 21288		
Outstanding Balance Beginning This Period		Transaction	ID: SD10.6536
477.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance	e at Close of This Period
0.00	0.00		477.00
B. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARD	or Creditor	Nature of Debt (Purpo TRAVEL EXPENS	
Mailing Address P.O. BOX 88000			
City State BALTIMORE MD	ZIP Code 21288		
Outstanding Balance Beginning This Period		Transaction	ID: SD10.6537
524.80			
Amount Incurred This Period	Payment This Period	Outstanding Balance	e at Close of This Period
0.00	0.00		524.80
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARD	or Creditor	Nature of Debt (Purpo CATERING EXPE	
Mailing Address P.O. BOX 88000			
City State BALTIMORE MD	ZIP Code 21288		
Outstanding Balance Beginning This Period		Transaction	ID: SD10.6538
1115.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance	e at Close of This Period
0.00	0.00		1115.00
1) SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	2116.80
2) TOTALS This Period (last page this line number of	only)	<b>&gt;</b>	
	le C (last page only)		

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

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NAME OF COMMITTEE ( 1199 SERVICE EMPL		FEDERAL POLITICAL ACTION FUN	D	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRAVEL EXPENSES	
Mailing Address P.C	o. BOX 88000		_	
City BALTIMORE	State MD	ZIP Code 21288		
Outstanding Balance	e Beginning This Period		Transaction ID: SD10.6539	
	419.84			
Amount Incu	rred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	419.84	
B. Full Name (Last, F UNION TRAVEL MA	irst, Middle Initial) of Debtor ASTERCARD	r or Creditor	Nature of Debt (Purpose): TRANSPORTATION COSTS	
Mailing Address P.C	D. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288		
Outstanding Balance	e Beginning This Period		Transaction ID: SD10.6545	
	539.45			
Amount Incu	rred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	539.45	
C. Full Name (Last, F UNION TRAVEL M.	irst, Middle Initial) of Debto ASTERCARD	r or Creditor	Nature of Debt (Purpose): CATERING EXPENSES	
Mailing Address P.C	D. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288		
Outstanding Balance	e Beginning This Period		Transaction ID: SD10.6546	
	2552.60			
Amount Incu	rred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	2552.60	
) SUBTOTALS This P	eriod This Page (optional).		3511.89	
r) TOTALS This Period	(last page this line number	only)	<b>&gt;</b>	
) TOTAL OUTSTANDIN	NG LOANS from Schedu	ule C (last page only)	<b>&gt;</b>	
) ADD 2) and 3) and c	arry forward to appropriate	line of Summary Page (last page only)	<b>&gt;</b>	

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Excluding	Loans
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	0 /FF0 II ITII		DOL 171041	
1199 SERVICE EMPL	OYEES INT'L	. UNION FEDERAL	POLITICAL	ACTION FUND

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

cluding Loans			numbered line)	X 10
AME OF COMMITTEE 199 SERVICE EMPI		EDERAL POLITICAL ACTION	FUND	
A. Full Name (Last, F UNION TRAVEL M	First, Middle Initial) of Debtor ( MASTERCARD	or Creditor		ebt (Purpose): G EXPENSES
Mailing Address P.(	O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288		
Outstanding Baland	ce Beginning This Period		Tran	nsaction ID: SD10.6548
	3224.16			
Amount Inci	urred This Period	Payment This Period	Outstandin	g Balance at Close of This Period
	0.00	0.00		3224.16
0.00 0.00 3224.16				
-		only)	<b>-</b>	595590.65
) TOTAL OUTSTANDI		le C (last page only)	<b>&gt;</b>	0.00

595590.65

TEMIZED INDEPENDENT EXPENDITURES	PAGE 57 / 62
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC-	FEC IDENTIFICATION NUMBER
AL ACTION FUND  Check if 24-hour notice 48-hour notice	C C00348540
Full Name (Last, First, Middle, Initial) of Payee	Date
MACK CROUNSE GROUP	
	$\begin{bmatrix} M & M & M \\ 1 & 0 \end{bmatrix} / \begin{bmatrix} D & D \\ 1 & 4 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ & 2 & 0 & 1 & 0 \end{bmatrix}$
Mailing Address	Amount
2001 N. BEAUREGARD ST., STE 420	23393.66
City State Zip Code	Transaction ID: SE.8602
ALEXANDRIA VA 22311	Office Sought: X House State: MA
Purpose of Expenditure	Senate District: 09
MAILINGS Category/ Type	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
MAC D'ALESSANDRO	
	Disbursement For: X Primary General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	2010
Full Name (Last, First, Middle, Initial) of Payee	Date
MACK CROUNSE GROUP	10
Mailing Address	Amount
2001 N. BEAUREGARD ST., STE 420	23393.66
	Transaction ID: SE.8604
City State Zip Code	Office Sought: X House State: MA
Purpose of Expenditure	Senate District: 09
MAILINGS Category	Presidential
Type Type	Check One: X Support Oppose
Name of Federal Candidate supported or Opposed by expenditure:  MAC D'ALESSANDRO	Check One: X Support Oppose
MAC D'ALESSANDRO	Disbursement For: X Primary General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	2010
- In office cought	
(a) SUBTOTAL of Itemized Independent Expenditures	46787.32
(a) SOBTOTAL OF Itemized independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) GOD TO TAL OF GITTLESS INCOPORTION EXPONENTIAL OF GITTLESS INCOPORTION EXPORTING TO TAKE THE PROPERTY OF T	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c	connection, consultation, or concert with
or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the re-	
committee) any political party committee or its agent.	
M° M	D D Y Y Y Y Y
KEVIN FINNEGAN  Date 1.2	02 2010
Signature	

TEMIZED INDEPENDENT EX	PENDITURE	S		PAGE 58 / 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
1199 SERVICE EMPLOYEES INT'L UNION I AL ACTION FUND	FEDERAL POLITIC-			C C00348540
Check if 24-hour notice 48-	hour notice			
Full Name (Last, First, Middle, Initial) of Pa			Date	
MAJORITY ACTION	,		M M /	1 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
1101 30TH STREET NW, SUITE 50	0			150000.00
City	State	Zip Code		n ID: SE.8391
WASHINGTON	DC	20007	Office Sough	
Purpose of Expenditure TELEVISION ADS		Category/ Type	]	Senate District: 19 Presidential
Name of Federal Candidate supported or C	Opposed by expenditu	ure:	Check One:	X Support Oppose
JOHN HALL			Disbursemen	nt For: Primary X General
			Oth	er (specify):
Calendar Year-To-Date Per Election		0.00	2010	[MEMO ITEM]
for Office Sought				
Full Name (Last, First, Middle, Initial) of Pa	yee		Date	
MAJORITY ACTION			<b>M</b> M /	1 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	_		Amount	
1101 30TH STREET NW, SUITE 50			Transaction	150000.00 n ID: SE.8392
City	State	Zip Code	Office Sough	
WASHINGTON	DC	20007	— Office Sough	Senate District: 19
Purpose of Expenditure		Category/	1	Presidential
TELEVISION ADS		Туре	1	
Name of Federal Candidate supported or C	Opposed by expenditu	ure:	Check One:	X Support Oppose
JOHN HALL			Disbursemen	nt For: Primary X General
Calendar Year-To-Date Per Election		150000.00	2010	er (specify):
for Office Sought		100000.00		
(a) SUBTOTAL of Itemized Independent Expo	enditures			150000.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate of committee) any political party committee or its age	r authorized committe			
		M M	D D	Y " Y " Y " Y "
KEVIN FINNEGAN		Date 1 2		2010
Signature				

TEMIZED INDEPENDENT EX	PENDITURE	ES		PAGE 59 / 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
1199 SERVICE EMPLOYEES INT'L UNION I AL ACTION FUND	FEDERAL POLITIC	<b>;</b> -		C C00348540
Check if 24-hour notice 48-	hour notice			O state is
Full Name (Last, First, Middle, Initial) of Pa			Date	
MAJORITY ACTION	yoc		M M /	29 / Y Y Y Y Y Y Y Y
Mailing Address			Amount	
1101 30TH STREET NW, SUITE 50	00			20000.00
City	State	Zip Code		n ID: SE.8390
WASHINGTON	DC	20007	Office Sough	t: X House State: NY
Purpose of Expenditure TELEVISION ADS		Category/ Type		Senate District: 19 Presidential
Name of Federal Candidate supported or C	Opposed by expendi	ture:	Check One:	X Support Oppose
JOHN HALL			Disbursemen	nt For: Primary X General
Oalanday Van Ta Bata Bay Florifan			Oth	er (specify) :
Calendar Year-To-Date Per Election	L	268844.72	2010	
for Office Sought				
Full Name (Last, First, Middle, Initial) of Pa	iyee		Date	
PERSON 2 PERSON SOLUTIONS LLC	•		M M /	1 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
45 WASHINGTON STREET, SUITE	108		Transaction	98844.72 on ID: SE.8393
City	State	Zip Code		
BROOKLYN	NY	11201	Office Sough	t: X House State: NY Senate District: 19
Purpose of Expenditure		Category/		Presidential
MAILERS		Туре		
Name of Federal Candidate supported or C	Opposed by expendi	ture:	Check One:	X Support Oppose
JOHN HALL	, ,			- 0. 0.
			Disbursemen	nt For: Primary X General
Calendar Year-To-Date Per Election		150000 00	2010	er (specify) :
for Office Sought		150000.00	2010	[MEMO ITEM]
(a) SUBTOTAL of Itemized Independent Exp	enditures			20000.00
(b) SUBTOTAL of Unitemized Independent E	expenditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate of committee) any political party committee or its age	or authorized committe			
		M M	D D	YYYY
KEVIN FINNEGAN		Date 12		2010
Signature				

ITEMIZED INDEPENDENT EXF	PENDITURES			PAGE 60 / 62 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)		Ι,			
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND				C C00348540	
Check if 24-hour notice 48-h	our notice				
Full Name (Last, First, Middle, Initial) of Paye	ee	1	Date		
PERSON 2 PERSON SOLUTIONS LLC			M M /	D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address			Amount		
45 WASHINGTON STREET, SUITE	108			98844.72	
City	State Zip C	ode		ID: SE.8394	
BROOKLYN	NY 112	)1 C	Office Sought:		
Purpose of Expenditure MAILERS	Category/ Type			Senate District: 01 Presidential	
Name of Federal Candidate supported or Op		c	Check One:	X Support Oppose	
TIM BISHOP		D	Disbursement	·	
Calendar Year-To-Date Per Election		0.00	Other 2010	(specify):	
for Office Sought	• • • • • • • • • • • • • • • • • • • •	0.00	2010	[MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Paye	ee		Date		
PERSON 2 PERSON SOLUTIONS LLC			M M /	1 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address			Amount		
45 WASHINGTON STREET, SUITE	108		Tuonaastian	98844.72	
City	State Zip C	ode		ID: SE.8395	
BROOKLYN	NY 1120	01	Office Sought:	X House State: NY Senate District: 19	
Purpose of Expenditure	Category/			Presidential	
MAILERS	Туре				
Name of Federal Candidate supported or Opposed by expenditure:			Check One:	X Support Oppose	
JOHN HALL		р	Disbursement	For: Primary X General	
			Other	(specify):	
Calendar Year-To-Date Per Election for Office Sought	24884	4.72	2010	(4)	
(a) SUBTOTAL of Itemized Independent Exper	nditures			98844.72	
(b) SUBTOTAL of Unitemized Independent Ex	oenditures				
(c) TOTAL 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				0 1 0	

TEMIZED INDEPENDENT EXF	PENDITURES	5		PAGE 61 / 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
1199 SERVICE EMPLOYEES INT'L UNION FE AL ACTION FUND	EDERAL POLITIC-			C C00348540
Check if 24-hour notice 48-hour	our notice			
Full Name (Last, First, Middle, Initial) of Paye			Date	
PERSON 2 PERSON SOLUTIONS LLC			M M /	D D / Y Y Y Y Y Y 2010
Mailing Address 45 WASHINGTON STREET, SUITE 1	08		Amount	98844.72
		7' 0 1	Transaction	n ID: SE.8398
City BROOKLYN	State NY	Zip Code 11201	Office Sough	t: X House State: NY
Purpose of Expenditure MAILERS		Category/		Senate District: 01 Presidential
Name of Federal Candidate supported or Op	posed by expenditu	re:	Check One:	X Support Oppose
TIM BISHOP			Disbursemen	nt For: Primary X General
			Othe	er (specify) :
Calendar Year-To-Date Per Election for Office Sought		98844.72	2010	· · · · · · · · · · · · · · · · · · ·
Full Name (Last, First, Middle, Initial) of Paye	ee		Date	
SEIU COMMUNICATIONS CENTER LLC.			M M /	25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
330 WEST 42ND STREET			Transation	7898.40
City	State	Zip Code		n ID: SE.8607
NEW YORK	NY	10036	Office Sough	t: X House State: MA Senate District: 09
Purpose of Expenditure PHONE BANK CALLS	C	Category/ Type		Presidential
Name of Federal Candidate supported or Op	nocod by ovnanditu		Check One:	X Support Oppose
MAC D'ALESSANDRO	розеа бу ехренаца	i <del>c</del> .	Disbursemen	at For: X Primary General
				er (specify) :
Calendar Year-To-Date Per Election for Office Sought		304584.12	2010	. (5,555.),
(a) SUBTOTAL of Itemized Independent Exper	ditures			106743.12
(b) SUBTOTAL of Unitemized Independent Exp	oenditures			
(c) TOTAL Independent Expenditures				
· · · · · ·				
Under penalty of perjury I certify that the independer or at the request or suggestion of, any candidate or a committee) any political party committee or its agent	authorized committee			
		M M		Y · Y · Y · Y
KEVIN FINNEGAN		Date 12	02	2010
Signature				

TEMIZED INDEPENDENT EXPENDITURES			PAGE 62 / 62 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER		
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND			C C00348540		
Check if 24-hour notice 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee		Date			
SEIU COMMUNICATIONS CENTER LLC.		1, 0 /	25 Y Y Y Y Y Y Y		
Mailing Address		Amount			
330 WEST 42ND STREET			10000.00		
City State	Zip Code		ID: SE.8608		
NEW YORK NY	10036	Office Sought:			
	egory/ Type	Senate District: 09 Presidential			
Name of Federal Candidate supported or Opposed by expenditure:  MAC D'ALESSANDRO		Check One:	X Support Oppose		
WAG D'ALLOGANDRO		Disbursement	For: X Primary General		
Calendar Year-To-Date Per Election		Othe	r (specify) :		
for Office Sought	14584.12	2010			
Full Name (Last First Middle Initial) of Payer		Data			
Full Name (Last, First, Middle, Initial) of Payee		Date M M /	D D / Y Y Y Y		
SEIU COMMUNICATIONS CENTER LLC.		1 0	25 / 2010		
Mailing Address		Amount			
330 WEST 42ND STREET			9842.75		
-	71.0.1	Transaction	ID: SE.8609		
City State NEW YORK NY	Zip Code 10036	Office Sought:	X House State: MA		
Purpose of Expenditure			Senate District: 09		
DHONE BANK CALLS	egory/ Type		Presidential		
Name of Federal Candidate supported or Opposed by expenditure:		Check One:	χ Support Oppose		
MAC D'ALESSANDRO					
			For: X Primary General		
Calendar Year-To-Date Per Election	24426.87	Other 2010	r (specify) :		
for Office Sought	24420.07	2010			
(a) SUBTOTAL of Itemized Independent Expenditures			19842.75		
(1, 002 10 11 2 0 No. 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11 20 11					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures			442217.91		
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.					
	M M		YYY		
KEVIN FINNEGAN	Date 12	02 2	010		
Signature					