

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

Office Use Only

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

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

ADDRESS (number and street)

330 WEST 42ND STREET, 7TH FLOOR

☐Check if different
than previously
reported. (ACC)

NEW YORK

NY

10036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00348540

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 0

0 1

2 0 1 0

through

1 1

2 2

2 0 1 0

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

Type or Print Name of Treasurer

KEVIN FINNEGAN

Signature of Treasurer

Electronically Filed by KEVIN FINNEGAN

Date

1 2

0 2

2 0 1 0

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		531218.57
(b) Cash on Hand at Beginning of Reporting Period	1497632.39	
(c) Total Receipts (from Line 19)	1073948.07	6164725.25
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2571580.46	6695943.82
7. Total Disbursements (from Line 31)	1343258.68	5467622.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1228321.78	1228321.78
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	595590.65	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	5681.81	11190.79
(ii) Unitemized	1068040.00	6146228.39
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1073721.81	6157419.18
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1073721.81	6157419.18
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	226.26	2306.07
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1073948.07	6164725.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1073948.07	6164725.25

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	19050.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	19050.00	
22. Transfers to Affiliated/Other Party Committees.....	900000.00	4880000.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	7500.00	
24. Independent Expenditure (use Schedule E)	442217.91	542400.51	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	410.00	3599.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	410.00	3599.00	
29. Other Disbursements.....	630.77	15072.53	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1343258.68	5467622.04	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1343258.68	5467622.04	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	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

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

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

FOR LINE NUMBER: PAGE 6 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)
MOOLWATTIE ALI

Mailing Address 111-27 124 STREET

City State Zip Code
SOUTH OZONE PARK NY 11420

FEC ID number of contributing
federal political committee.

C

Name of Employer
PREMIERE

Occupation
HOME ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.20

Date of Receipt

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

Transaction ID: SA11AI.8417

Amount of Each Receipt this Period

324.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
KORFI AMISSAH

Mailing Address 33339 TEAGARDEN CIRCLE
APT. 401

City State Zip Code
SILVER SPRING MD 20904

FEC ID number of contributing
federal political committee.

C

Name of Employer
DIMENSIONS HEALTH SYSTEMS

Occupation
PHARMACY TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.8420

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
KAY ANDERSON

Mailing Address 9 TOILSOME AVENUE

City State Zip Code
NORWALK CT 06851-2312

FEC ID number of contributing
federal political committee.

C

Name of Employer
SERVICE EMPLOYEES INT'L
UNION

Occupation
ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.8422

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

364.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 7 / 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

ADEYEMI BANDELE

Mailing Address 1606 NEW JERSEY AVENUE, NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
1199 SEIU

Occupation

EDUCATION COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.8425

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)

LOUISE BAYER

Mailing Address 84 WALNUT STREET

City

TEANECK

State

NJ

Zip Code

07666-3931

FEC ID number of contributing
federal political committee.

C

Name of Employer
1199 SEIU

Occupation

CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.8426

Amount of Each Receipt this Period

100.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)

MITRA BEHROOZI

Mailing Address 123 LINCOLN PLACE

City

BROOKLYN

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NATIONAL BENEFIT FUND-1199

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

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

Transaction ID: SA11AI.8427

Amount of Each Receipt this Period

300.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)
CINDY BLACK

Mailing Address 349 BEACH 57TH STREET
APT 3H

City State Zip Code
ARVERNE NY 11692

FEC ID number of contributing
federal political committee.

C

Name of Employer
PENINSULA CENTER FOR EXTE-
NTED

Occupation
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.8429

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
JEANNIE BONVINO

Mailing Address 777 AVENUE Z

City State Zip Code
BROOKLYN NY 11285

FEC ID number of contributing
federal political committee.

C

Name of Employer
BETH ISRAEL KINGS HIGHWAY

Occupation
TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.97

Date of Receipt

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

Transaction ID: SA11AI.8430

Amount of Each Receipt this Period

86.66

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
LAWRENCE BORTOLUZZI

Mailing Address 759 PRESIDENT STREET
APT. 1C

City State Zip Code
BROOKLYN NY 11215

FEC ID number of contributing
federal political committee.

C

Name of Employer
SERVICE EMPLOYEES INT'L
UNION

Occupation
CAMPAIGN COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.8432

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

146.66

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)
MELANIE BOURNE

Mailing Address 1487 EAST 96 STREET

City State Zip Code
BROOKLYN NY 11236

FEC ID number of contributing
federal political committee.

C

Name of Employer
BETH ISRAEL KINGS HIGHWAY

Occupation
HOUSEKEEPING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.70

Date of Receipt

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

Transaction ID: SA11AI.8435

Amount of Each Receipt this Period

21.67

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
VERA BOYD

Mailing Address 214 E. 11TH STREET

City State Zip Code
NEW YORK NY 10003

FEC ID number of contributing
federal political committee.

C

Name of Employer
BETH ISRAEL MEDICAL CENTER

Occupation
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.8437

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
JUDLYNE BRUN

Mailing Address 441 MORRIS DRIVE

City State Zip Code
VALLE STREAM NY 11580

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. JOHN'S EPISCOPAL-SOUTH
SHO

Occupation
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.8440

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

121.67

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

NUBIA BUITRAGO

Mailing Address 37-31 73RD STREET
APT. 9N

City State Zip Code
JACKSON HEIGHTS NY 11372

FEC ID number of contributing
federal political committee.

C

Name of Employer
PARTNERS IN CARE

Occupation
HOME HEALTH AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.00

Date of Receipt

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

Transaction ID: SA11AI.8441

Amount of Each Receipt this Period

86.00

PAYROLL DEDUCTION

B.

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.

C

Name of Employer
1199 SEIU

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: SA11AI.8444

Amount of Each Receipt this Period

90.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)

DANIEL CALISE

Mailing Address 44 ARIZONA AVENUE

City State Zip Code
BAY SHORE NY 11706

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH OAKS HOSPITAL

Occupation
CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

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

Transaction ID: SA11AI.8445

Amount of Each Receipt this Period

60.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

236.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

CASSIE CAMPBELL

Mailing Address 3425 HAZELWOOD ROAD

City

EDGEWATER

State

MD

Zip Code

21037

FEC ID number of contributing
federal political committee.

C

Name of Employer

THI - SOUTH RIVER HEALTH,
LLC

Occupation

CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.8448

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)

LILLIAN CARINO

Mailing Address 327 SAINT NICHOLAS AVENUE
APT. 2N

City

NEW YORK

State

NY

Zip Code

10027-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.8450

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)

DOTILYN CARTY

Mailing Address 1627 GARFIELD STREET
APT A2

City

BRONX

State

NY

Zip Code

10406

FEC ID number of contributing
federal political committee.

C

Name of Employer

GLEN ISLAND CARE CENTER

Occupation

DIETARY AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.8452

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

CAROL CHASE

Mailing Address 7300 SHEFFIELD

City

TEMPLE HILLS

State

MD

Zip Code

20748

FEC ID number of contributing
federal political committee.

C

Name of Employer
THI - FORT WASHINGTON

Occupation

GENERIC NURSE AID

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.8455

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)

BEVOLIN CLARKE

Mailing Address 92 HIGH STREET

City

YONKERS

State

NY

Zip Code

10703

FEC ID number of contributing
federal political committee.

C

Name of Employer
PARK CARE PAVILLION

Occupation

REGISTRAR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.8458

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)

THOMAS CLOUTIER

Mailing Address 2462 VALENTINE AVENUE

City

BRONX

State

NY

Zip Code

10458

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. BARNABAS HOSPITAL

Occupation

LAB TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.42

Date of Receipt

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

Transaction ID: SA11AI.8460

Amount of Each Receipt this Period

42.44

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

92.44

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 13 / 62

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

MARIA CURET

Mailing Address 80 SCHOOL STREET

City

YONKERS

State

NY

Zip Code

10701

FEC ID number of contributing
federal political committee.

C

Name of Employer
BEST CARE, INC.

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

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

Transaction ID: SA11AI.8461

Amount of Each Receipt this Period

28.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)

TINU MARY DARAMOLA

Mailing Address 327 PEMACO LANE

City

UNIONDALE

State

NY

Zip Code

11553

FEC ID number of contributing
federal political committee.

C

Name of Employer
FULTON COMMONS

Occupation

PHYSICAL THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.8463

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)

THERESA DAVID

Mailing Address 114-29 197TH STREET

City

SAINT ALBANS

State

NY

Zip Code

11412

FEC ID number of contributing
federal political committee.

C

Name of Employer
REGAL HEIGHTS REHAB AND
HEALTH

Occupation

CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.8464

Amount of Each Receipt this Period

80.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

118.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)
CLARIBEL DE JESUS

Mailing Address 490 SOUTH BROADWAY
APT 3C

City State Zip Code
YONKERS NY 10705

FEC ID number of contributing
federal political committee.

C

Name of Employer
BEST CARE, INC.

Occupation
HOME ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: SA11AI.8465

Amount of Each Receipt this Period

7.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
ARMETA DIXON

Mailing Address 1708 ASHBURTON STREET

City State Zip Code
BALTIMORE MD 21216

FEC ID number of contributing
federal political committee.

C

Name of Employer
1199 SEIU

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.8467

Amount of Each Receipt this Period

160.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
JOHNNY DORVILIER

Mailing Address 209-10 86 DRIVE, APT. 2D

City State Zip Code
QUEENS VILLAGE NY 11427

FEC ID number of contributing
federal political committee.

C

Name of Employer
BETH ISRAEL MEDICAL CENTER

Occupation
DIETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.70

Date of Receipt

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

Transaction ID: SA11AI.8470

Amount of Each Receipt this Period

21.67

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

188.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

SHAWN DUNCAN

Mailing Address 1474 ARNOW AVE

City

BRONX

State

NY

Zip Code

10469

FEC ID number of contributing
federal political committee.

C

Name of Employer
EASTHAVEN NURSING HRF

Occupation

DIETARY AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: SA11AI.8472

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)

RALPH DUVAL

Mailing Address 1307 MENARD STREET

City

UNIONDALE

State

NY

Zip Code

11553

FEC ID number of contributing
federal political committee.

C

Name of Employer
EAST ROCKAWAY NURSING HOME

Occupation

SECOND COOK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.8474

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)

ENID ECKSTEIN

Mailing Address 26 BOYNTON STREET

City

JAMAICA PLAIN

State

MA

Zip Code

02130

FEC ID number of contributing
federal political committee.

C

Name of Employer
1199 SEIU

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.8476

Amount of Each Receipt this Period

160.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

MAUREEN ESTWICK

Mailing Address 1681 E 53RD STREET

City

BROOKLYN

State

NY

Zip Code

11234

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAIMONIDES MEDICAL CENTER

Occupation

PATIENT CARE TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

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

Transaction ID: SA11AI.8477

Amount of Each Receipt this Period

120.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)

MIKE FADEL

Mailing Address 700 HURON AVENUE
15M

City

CAMBRIDGE

State

MA

Zip Code

02138

FEC ID number of contributing
federal political committee.

C

Name of Employer
1199 SEIU

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.8479

Amount of Each Receipt this Period

120.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)

LEYTON FLEMINGS

Mailing Address 216-09 137TH AVENUE

City

SPRINGFIELD GARDEN

State

NY

Zip Code

11413

FEC ID number of contributing
federal political committee.

C

Name of Employer
BROOKDALE HOSPITAL MEDICAL
CTR

Occupation

MAINTENANCE WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.8481

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

MARGARET FORDE

Mailing Address 30-40 83RD ST

City

EAST ELMHURST

State

NY

Zip Code

11370-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
JAMAICA HOSPITAL

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.8482

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)

ROBERT FRAZIER

Mailing Address 2748 PELHAM AVE

City

BALTIMORE

State

MD

Zip Code

21213-1119

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS-CATONSVILLE COMMO-
NS

Occupation

CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.8484

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)

ROSEMARIE GLOVER

Mailing Address 2915 CLUTE ROAD

City

CORTLAND

State

NY

Zip Code

13045

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMMUNITY GENERAL HOSPITAL

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

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

Transaction ID: SA11AI.8485

Amount of Each Receipt this Period

80.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)
VAUGHN GOODWIN

Mailing Address 5100 W. MOUNTAIN STREET
APT. 202C

City State Zip Code
STONE MOUNTAIN GA 30058

FEC ID number of contributing
federal political committee.

C

Name of Employer
1199 SEIU

Occupation
ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.8487

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
JEAN SUANETTE GUZMAN

Mailing Address 2833 ROEBLING AVENUE, #4

City State Zip Code
BRONX NY 10461

FEC ID number of contributing
federal political committee.

C

Name of Employer
MT. SINAI HOSPITAL

Occupation
DENTAL ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.8490

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
RANDOLPH HALL JR.

Mailing Address 5503 GEVLAND AVENUE

City State Zip Code
BALTIMORE MD 21206

FEC ID number of contributing
federal political committee.

C

Name of Employer
1199 SEIU

Occupation
ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.8492

Amount of Each Receipt this Period

160.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 19 / 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.Full Name (Last, First, Middle Initial)
LEONABEL HARVEYMailing Address 388 MIDWOOD STREET
APT 5ICity State Zip Code
BROOKLYLN NY 11225FEC ID number of contributing
federal political committee.

C

Name of Employer
NEW YORK UNIVERSITY HOSP-
ITALOccupation
PAT UNIT CLERK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.8494

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

B.Full Name (Last, First, Middle Initial)
WADYAH HASSANMailing Address 9160 193RD STREET
APT. L2City State Zip Code
HOLLIS NY 11423FEC ID number of contributing
federal political committee.

C

Name of Employer
COMMUNITY RESOURCE CENTEROccupation
LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.8496

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

C.Full Name (Last, First, Middle Initial)
DAVID HILLMailing Address 19 HAMILTON TERRANCE
APT. 1LCity State Zip Code
NEW YORK NY 10031FEC ID number of contributing
federal political committee.

C

Name of Employer
YESHIVA UNIVERSITYOccupation
CLERK, MAIL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.8498

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

ELIZABETH JACKSON

Mailing Address 910 MARCY AVENUE

City

OXON HILL

State

MD

Zip Code

20745

FEC ID number of contributing
federal political committee.

C

Name of Employer

THI - FORT WASHINGTON

Occupation

CLINICAL SUPPORT SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.8501

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)

LYNNE JENNINGS

Mailing Address 4 SHIRLEY LANE

City

WEST BABYLON

State

NY

Zip Code

11704

FEC ID number of contributing
federal political committee.

C

Name of Employer

BROOKDALE HOSPITAL MEDICAL
CTR

Occupation

PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID: SA11AI.8502

Amount of Each Receipt this Period

90.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)

BEATRICE KAMU

Mailing Address 5626 WHITFIELD CHAPEL, APT 202

City

LANHAM

State

MD

Zip Code

20706

FEC ID number of contributing
federal political committee.

C

Name of Employer

THI - SOUTH RIVER HEALTH,
LLC

Occupation

GENERIC NURSE AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.8505

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 21 / 62

(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

DEBORAH KING

Mailing Address 270 NEWTOWN TPKE.

City

WESTPORT

State

CT

Zip Code

06880-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOSPITAL LEAGUE TRAINING

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.8507

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)

ROLANDO KING

Mailing Address 3054 83RD STREET EAST

City

ELMHURST

State

NY

Zip Code

11370

FEC ID number of contributing
federal political committee.

C

Name of Employer
SEIU COMMUNICATIONS CENTER
INC

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.8509

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)

COLLEEN KOCHMAN

Mailing Address 155 FORREST WAY

City

CAMILLUS

State

NY

Zip Code

13031

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMMUNITY GENERAL HOSPITAL

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

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

Transaction ID: SA11AI.8510

Amount of Each Receipt this Period

143.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

218.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)
ETHEL LEONARD

Mailing Address 2 BRONXVILLE ROAD
APT. #7C

City State Zip Code
BRONXVILLE NY 10708

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST BARNABUS HOSPITAL

Occupation
RN NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.06

Date of Receipt

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

Transaction ID: SA11AI.8512

Amount of Each Receipt this Period

18.46

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
MICHELE LYNCH

Mailing Address 32 DOLPHIN WAY

City State Zip Code
RIVERHEAD NY 11901

FEC ID number of contributing
federal political committee.

C

Name of Employer
1199 SEIU

Occupation
POLITICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.8514

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
JENNIE LYONS

Mailing Address P.O. BOX 813

City State Zip Code
WURTSBORO NY 12790

FEC ID number of contributing
federal political committee.

C

Name of Employer
HORTON CAMPUS ORMC

Occupation
DP REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.8516

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

68.46

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

DONALD MARTHAGE

Mailing Address 46 WOODBINE AVENUE

City

ROCHESTER

State

NY

Zip Code

14626

FEC ID number of contributing
federal political committee.

C

Name of Employer
1199 SPECIAL PROJECTS

Occupation

FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: SA11AI.8518

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)

JAIME MERCADO

Mailing Address 8104 ROCKAWAY BEACH BLVD.
APT 6B

City

ROCKAWAY BEACH

State

NY

Zip Code

11693-1704

FEC ID number of contributing
federal political committee.

C

Name of Employer
PENINSULA HOSPITAL CENTER

Occupation

DIETARY AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.8520

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)

STACEY MILLMAN

Mailing Address 289 MANNING BLVD.

City

ALBANY

State

NY

Zip Code

12206-1425

FEC ID number of contributing
federal political committee.

C

Name of Employer
NATIONAL BENEFIT FUND-1199

Occupation

COMMUNICATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.8521

Amount of Each Receipt this Period

100.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

CONSUELO MORA-MCLAUGHLIN

Mailing Address 25 MILTON AVENUE

City

SUMMIT

State

NJ

Zip Code

07901

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLUMBIA UNIVERSITY-SSA

Occupation

RESEARCH WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.8522

Amount of Each Receipt this Period

120.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)

JULIO NARVAEZ

Mailing Address GARDEN VEEW TERRACE, BLDN 54

City

HIGHSTOWN

State

NJ

Zip Code

08520

FEC ID number of contributing
federal political committee.

C

Name of Employer
CRANBURY CENTER (GENESIS)

Occupation

DIETARY AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.8525

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)

GERARD NORDENBERG

Mailing Address 100 MIDDLETON ROAD
APT. 29

City

BOHEMIA

State

NY

Zip Code

11716-3923

FEC ID number of contributing
federal political committee.

C

Name of Employer
1199 SEIU

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.8526

Amount of Each Receipt this Period

200.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

340.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)
ELSIE OTERO

Mailing Address 208 RIDGEFIELD AVENUE

City State Zip Code
BOGOTA NY 07603

FEC ID number of contributing
federal political committee.

C

Name of Employer
1199 SEIU

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.8527

Amount of Each Receipt this Period

200.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
FRANCES PAGE

Mailing Address 5301 SMITH DRIVE

City State Zip Code
INDIAN HEAD MD 20640

FEC ID number of contributing
federal political committee.

C

Name of Employer
CIVISTA MEDICAL CENTER

Occupation
CLINICAL NURSE II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.8529

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
ARNETTA PERRY

Mailing Address 7517 BRINDLE COURT

City State Zip Code
LANDOVER MD 20785

FEC ID number of contributing
federal political committee.

C

Name of Employer
DIMENSIONS HEALTH SYSTEMS

Occupation
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.8531

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

SHAWNA RADDER

Mailing Address 10739 ALEXANDER ROAD

City

ATTICA

State

NY

Zip Code

14011

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDINA MEMORIAL HOSPITAL
RN

Occupation

OBSTETRICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID: SA11AI.8533

Amount of Each Receipt this Period

140.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)

SKIA RAYE-JOHNSON

Mailing Address 3500 CIARERCE AVENUE

City

BALTIMORE

State

MD

Zip Code

21213

FEC ID number of contributing
federal political committee.

C

Name of Employer
HARBORSIDE HEALTHCARE/HAR-
TFORD

Occupation

CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

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

Transaction ID: SA11AI.8536

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)

SANDRA RICHARDSON

Mailing Address 2718 THE ALAMEDA

City

BALITIMORE

State

MD

Zip Code

21218

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENESIS- HOMEWOOD CENTER

Occupation

LAUNDRY AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.8538

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)
RAMON RODRIGUEZ

Mailing Address P.O. BOX 741

City State Zip Code
NEW YORK NY 10108

FEC ID number of contributing
federal political committee.

C

Name of Employer
1199 SEIU

Occupation
EDUCATION COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.8540

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
SABINA RODRIGUEZ

Mailing Address 11-15 JEROME AVE
APT 7F

City State Zip Code
BRONX NY 10452

FEC ID number of contributing
federal political committee.

C

Name of Employer
BEST CARE INC.

Occupation
HOME HEALTH AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1305.00

Date of Receipt

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

Transaction ID: SA11AI.8541

Amount of Each Receipt this Period

2.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
ANA ROSADO-MARCANO

Mailing Address 2354 CAMBRELENG AVENUE
APT B3

City State Zip Code
BRONX NY 10458

FEC ID number of contributing
federal political committee.

C

Name of Employer
1199 SEIU

Occupation
ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.8543

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

57.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

ONIKA RUSSELL

Mailing Address 543 EAST 21ST STREET
APT E1

City State Zip Code
BROOKLYN NY 11226

FEC ID number of contributing
federal political committee.

C

Name of Employer
BROOKDALE HOSPITAL MEDICAL
CTR

Occupation
CLERK, ADMITTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.8545

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)

LAURA SALAZAR

Mailing Address 108-46 38TH AVE
APT 1F

City State Zip Code
CORONA NY 11368

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEOPLE CARE INC.

Occupation
PATIENT CARE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.8547

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)

CHERYL SAMUEL

Mailing Address 1889 SEDGWICK AVENUE
#11F

City State Zip Code
BRONX NY 10453

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRONX JEWISH COMMUNITY CE-
NTER

Occupation
HOME ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.8548

Amount of Each Receipt this Period

80.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

ANA SANCHEZ

Mailing Address 3204 PARK AVE
APT 14H

City State Zip Code
BRONX NY 10451

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEOPLE CARE

Occupation
HOME ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: SA11AI.8550

Amount of Each Receipt this Period

80.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)

SANDRA SARAZIN

Mailing Address 8 LYNN STREET

City State Zip Code
NANUET NY 10954

FEC ID number of contributing
federal political committee.

C

Name of Employer
RITE AID

Occupation
PHARMACY CASHIER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.8551

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)

RICHARD SCHERB

Mailing Address 1163 LAKE AVENUE

City State Zip Code
CLARK NJ 07066

FEC ID number of contributing
federal political committee.

C

Name of Employer
LUTHERAN MEDICAL CENTER

Occupation
PARAMEDIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.8553

Amount of Each Receipt this Period

37.50

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

157.50

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

BRENDAN SHAW

Mailing Address 297 DRIGGS AVENUE, #2B

City

BROOKLYN

State

NY

Zip Code

11222

FEC ID number of contributing
federal political committee.

C

Name of Employer

SEIU COMMUNICATIONS CENTER
INC

Occupation

DIRECTOR OF COMMUNICATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.8556

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)

JESSICA SHEARER

Mailing Address 54 SAINT FELIX STREET
APT. 1

City

BROOKLYN

State

NY

Zip Code

11217

FEC ID number of contributing
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

DIRECTOR HEP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

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

Transaction ID: SA11AI.8557

Amount of Each Receipt this Period

192.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)

ANTOINETTE SHEPHERD

Mailing Address 103 WINDING WOOD DRIVE, APT. 5A

City

SAYREVILLE

State

NJ

Zip Code

08846

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMBOY CARE CENTER - HEALT-
HCARE

Occupation

NURSES AID

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.8560

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

262.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

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

Mailing Address 952 E 218TH STREET

City State Zip Code
BRONX NY 10469-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
1199 SEIU

Occupation
EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.8561

Amount of Each Receipt this Period

200.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
CARMEN SHUM

Mailing Address 734 59TH STREET
APT. 1R

City State Zip Code
BROOKLYN NY 11220

FEC ID number of contributing
federal political committee.

C

Name of Employer
BETH ISRAEL MEDICAL CENTER

Occupation
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.30

Date of Receipt

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

Transaction ID: SA11AI.8563

Amount of Each Receipt this Period

129.99

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
SAMUEL SIERRA

Mailing Address 1859 MADISON STREET
APT. 3R

City State Zip Code
RIDGEWOOD NY 11385

FEC ID number of contributing
federal political committee.

C

Name of Employer
LUTHERAN MEDICAL CENTER

Occupation
SENIOR PATIENT SERVICE ASSOC.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.8564

Amount of Each Receipt this Period

45.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

374.99

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

BYRON SMITH

Mailing Address 1878 ADAM CLAYTON POWELL JR
APT. 27

City State Zip Code
NEW YORK NY 10026-2834

FEC ID number of contributing
federal political committee.

C

Name of Employer
1199 SEIU

Occupation
ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.8566

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)

DANIEL THATER

Mailing Address 31 BREWSTER STREET, APT. 233

City State Zip Code
GLEN GOVE NY 11542

FEC ID number of contributing
federal political committee.

C

Name of Employer
HILLSIDE DIVISION OF LIJ &
CRA

Occupation
ED TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

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

Transaction ID: SA11AI.8569

Amount of Each Receipt this Period

56.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)

CLARE THOMPSON

Mailing Address 1075 ANNA STREET

City State Zip Code
TEANECK NJ 07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
1199 SEIU

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.8571

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

106.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)
VERONICA TURNER-BIGGS

Mailing Address 7009 BUCHANAN ROAD

City State Zip Code
CAMP SPRINGS MD 20748

FEC ID number of contributing
federal political committee.

C

Name of Employer
1199 SEIU

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.8573

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
MARIA BERNADETTE UY

Mailing Address 84-33 56TH AVENUE
FL. 1

City State Zip Code
ELMHURST NY 11373

FEC ID number of contributing
federal political committee.

C

Name of Employer
WORKERS CIRCLE-144

Occupation
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.00

Date of Receipt

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

Transaction ID: SA11AI.8574

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
LORNA VALDEZ

Mailing Address 9445 116TH STREET

City State Zip Code
S. RICHMOND HILL NY 11419

FEC ID number of contributing
federal political committee.

C

Name of Employer
JAMAICA HOSPITAL

Occupation
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

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

Transaction ID: SA11AI.8575

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

SUSAN VANETTEN

Mailing Address 208 AVENUE O

City

MATAMORAS

State

PA

Zip Code

18336

FEC ID number of contributing
federal political committee.

C

Name of Employer
HORTON CAMPUS ORMC

Occupation

DP REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.8577

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)

ANA VAZQUEZ

Mailing Address 1 ESSEX STREET

City

AMSTERDAM

State

NY

Zip Code

12010

FEC ID number of contributing
federal political committee.

C

Name of Employer
1199 SEIU

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.8579

Amount of Each Receipt this Period

160.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)

JEFFREY VOGEL

Mailing Address 4801 42ND STREET, APT 4D

City

SUNNYSIDE

State

NY

Zip Code

11104

FEC ID number of contributing
federal political committee.

C

Name of Employer
BETH ISRAEL MEDICAL CTR-P-
ETRIE

Occupation

TECHNICAL/PROFESSIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.8581

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

CLAUDIUS WATTS

Mailing Address 4228 MONTICELLO AVE

City

BRONX

State

NY

Zip Code

10466

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANDRUS RETIREMENT COMMUNI-
TY

Occupation

DIETARY AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.8583

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)

LOIS WILLIAMS

Mailing Address 1646 EAST 96TH STREET

City

BROOKLYN

State

NY

Zip Code

11236

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOLY FAMILY HOME

Occupation

NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.75

Date of Receipt

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

Transaction ID: SA11AI.8585

Amount of Each Receipt this Period

23.75

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)

SANYA WILLIAMS

Mailing Address 832 GRAND TERRACE AVENUE

City

BALDWIN

State

NY

Zip Code

11510

FEC ID number of contributing
federal political committee.

C

Name of Employer

BROOKDALE-SCHULMAN INSTIT-
UTE

Occupation

RECREATION THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.8588

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

63.75

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

WINSTON WILLIAMS

Mailing Address 1057 EASTERN PKWY, APT. 3A

City

BROOKLYN

State

NY

Zip Code

11213

FEC ID number of contributing
federal political committee.

C

Name of Employer

BETH ISRAEL KINGS HIGHWAY

Occupation

HOUSEKEEPING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.70

Date of Receipt

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

Transaction ID: SA11AI.8591

Amount of Each Receipt this Period

21.67

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)

BENICIA WILLIAMS-DELACRUZ

Mailing Address 747 MCDONOUGH STREET
1B

City

BROOKLYN

State

NY

Zip Code

11233

FEC ID number of contributing
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: SA11AI.8593

Amount of Each Receipt this Period

90.00

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)

JEREMY WINFRED

Mailing Address 82 ROSLYN STREET

City

ROCHESTER

State

NY

Zip Code

14619

FEC ID number of contributing
federal political committee.

C

Name of Employer

STRONG MEMORIAL HOSPITAL

Occupation

ENVIRONMENTAL SVC. WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: SA11AI.8596

Amount of Each Receipt this Period

80.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

191.67

TOTAL This Period (last page this line number only)

5681.81

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

TD BANK

Mailing Address 1710 ROUTE 70 EAST

City

CHERRY HILL

State

NJ

Zip Code

08034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2306.07

Date of Receipt

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

Transaction ID: SA17.8377

Amount of Each Receipt this Period

226.26

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)

226.26

TOTAL This Period (last page this line number only)

226.26

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB22.8378

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

500000.00

B.

Full Name (Last, First, Middle Initial)

SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB22.8380

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

400000.00

SUBTOTAL of Disbursements This Page (optional)

900000.00

TOTAL This Period (last page this line number only)

900000.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

MONIQUE CLERGE

Mailing Address 372 HIGH STREET

City State Zip Code
ORANGE NJ 07050

Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB28A.8382

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

B.

Full Name (Last, First, Middle Initial)

ANTOINETTE NORZIL

Mailing Address 12 BROOKWOOD DRIVE

City State Zip Code
MAPLEWOOD NJ 07040

Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB28A.8384

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.00

C.

Full Name (Last, First, Middle Initial)

DONNAVAN PURRIER

Mailing Address 580 FLATBUSH AVENUE

City State Zip Code
BROOKLYN NY 11225

Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB28A.8401

Date of Disbursement

/ /

Amount of Each Disbursement this Period

260.00

SUBTOTAL of Disbursements This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

BRENDALIN REDWAY

Mailing Address 370 PARK STREET
APT. #17

City State Zip Code
HACKENSACK NJ 07601

Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB28A.8386

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)

60.00

TOTAL This Period (last page this line number only)

410.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) 1199 CREDIT UNION	Transaction ID: SB29.8599 Date of Disbursement																				
Mailing Address 330 WEST 42ND STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	1	0												
City NEW YORK State NY Zip Code 10036	Amount of Each Disbursement this Period																				
Purpose of Disbursement REMIT IN ERROR	<table border="1"> <tr> <td colspan="10">140.00</td> </tr> </table>	140.00																			
140.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) 1199 SEIU DUES ACCOUNT	Transaction ID: SB29.8412 Date of Disbursement																				
Mailing Address 330 WEST 42ND STREET, 7TH FLOOR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City NEW YORK State NY Zip Code 10036	Amount of Each Disbursement this Period																				
Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT	<table border="1"> <tr> <td colspan="10">330.00</td> </tr> </table>	330.00																			
330.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) HEALTHCARE EDUCATION PROJECT	Transaction ID: SB29.8403 Date of Disbursement																				
Mailing Address 330 WEST 42ND STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	1	0												
City NEW YORK State NY Zip Code 10036	Amount of Each Disbursement this Period																				
Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT	<table border="1"> <tr> <td colspan="10">160.77</td> </tr> </table>	160.77																			
160.77																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

630.77

TOTAL This Period (last page this line number only)

630.77

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

8091.98

Transaction ID: SD10.6240

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8091.98

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

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

65588.32

Transaction ID: SD10.6241

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

65588.32

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

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

14545.49

Transaction ID: SD10.6242

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14545.49

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

88225.79

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

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

3157.42

Transaction ID: SD10.6243

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3157.42

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

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

56833.56

Transaction ID: SD10.6244

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

56833.56

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

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

82522.06

Transaction ID: SD10.6245

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

82522.06

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

142513.04

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

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

78033.76

Transaction ID: SD10.6246

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

78033.76

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

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

2812.96

Transaction ID: SD10.6247

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2812.96

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

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

5095.64

Transaction ID: SD10.6248

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5095.64

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

85942.36

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

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

12962.04

Transaction ID: SD10.6249

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12962.04

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

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

10997.70

Transaction ID: SD10.6284

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10997.70

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

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

7231.75

Transaction ID: SD10.6285

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7231.75

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

31191.49

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

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

3434.67

Transaction ID: SD10.6286

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3434.67

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

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

16789.92

Transaction ID: SD10.6287

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16789.92

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

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

9286.03

Transaction ID: SD10.6288

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9286.03

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

29510.62

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

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

Mailing Address P.O. BOX 2855

City State ZIP Code
NEW YORK NY 10116-2855

Outstanding Balance Beginning This Period

240.00

Transaction ID: SD10.6289

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

240.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AVIS RENT A CAR SYSTEM, INC.Nature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address 7876 COLLECTIONS CTR DRIVE

City State ZIP Code
CHICAGO IL 60693

Outstanding Balance Beginning This Period

1156.12

Transaction ID: SD10.6540

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1156.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
JENNY BAUERNature of Debt (Purpose):
REIMBURSEMENT FOR CATERING
EXPENSES

Mailing Address 2 WILCOTT PARK

City State ZIP Code
MEDFORD MA 02155

Outstanding Balance Beginning This Period

43.65

Transaction ID: SD10.6541

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

43.65

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

1439.77

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

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

Outstanding Balance Beginning This Period

45.00

Transaction ID: SD10.6508

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MACK CROUNSE GROUPNature of Debt (Purpose):
MAILINGS

Mailing Address 2001 N. BEAUREGARD ST., STE 420

City State ZIP Code
ALEXANDRIA VA 22311

Outstanding Balance Beginning This Period

25000.00

Transaction ID: SD10.8322

Amount Incurred This Period

0.00

Payment This Period

23393.66

Outstanding Balance at Close of This Period

1606.34

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MACK CROUNSE GROUPNature of Debt (Purpose):
MAILINGS

Mailing Address 2001 N. BEAUREGARD ST., STE 420

City State ZIP Code
ALEXANDRIA VA 22311

Outstanding Balance Beginning This Period

25000.00

Transaction ID: SD10.8323

Amount Incurred This Period

0.00

Payment This Period

23393.66

Outstanding Balance at Close of This Period

1606.34

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

3257.68

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

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NOVAK MEDIA INC.Nature of Debt (Purpose):
RADIO BUY & PRODUCTION

Mailing Address 159 WEST MAIN STREET

City State ZIP Code
WEBSTER NY 14580

Outstanding Balance Beginning This Period

18850.00

Transaction ID: SD10.7361

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18850.00

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

Mailing Address 401 ROSE AVE

City State ZIP Code
SCHENECTADY NY 12308

Outstanding Balance Beginning This Period

201.39

Transaction ID: SD10.6531

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

201.39

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

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

4372.06

Transaction ID: SD10.7362

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4372.06

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

23423.45

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

7898.40

Transaction ID: SD10.8324

Amount Incurred This Period

0.00

Payment This Period

7898.40

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SEIU COMMUNICATIONS CENTER LLC.Nature of Debt (Purpose):
PHONE BANK CALLS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

32000.00

Transaction ID: SD10.8325

Amount Incurred This Period

0.00

Payment This Period

9842.75

Outstanding Balance at Close of This Period

22157.25

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 ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

10000.00

Transaction ID: SD10.8326

Amount Incurred This Period

0.00

Payment This Period

10000.00

Outstanding Balance at Close of This Period

0.00

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

22157.25

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
THE NEW MEDIA FIRMNature of Debt (Purpose):
RADIO ADS

Mailing Address 1730 RHODE ISLAND AVENUE NW

City State ZIP Code
WASHINGTON DC 20036

Outstanding Balance Beginning This Period

150000.00

Transaction ID: SD10.8327

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150000.00

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

Mailing Address P.O. BOX 88000

City State ZIP Code
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

1897.47

Transaction ID: SD10.6517

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1897.47

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

Mailing Address P.O. BOX 88000

City State ZIP Code
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

1849.15

Transaction ID: SD10.6518

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1849.15

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

153746.62

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

Mailing Address P.O. BOX 88000

City State ZIP Code
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

835.02

Transaction ID: SD10.6519

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

835.02

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

Mailing Address P.O. BOX 88000

City State ZIP Code
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

435.95

Transaction ID: SD10.6520

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

435.95

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

Mailing Address P.O. BOX 88000

City State ZIP Code
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

1056.95

Transaction ID: SD10.6521

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1056.95

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

2327.92

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

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

 Nature of Debt (Purpose):
 CATERING EXPENSES

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

2372.04

Transaction ID: SD10.6522

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2372.04

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

 Nature of Debt (Purpose):
 TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

367.37

Transaction ID: SD10.6533

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

367.37

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

 Nature of Debt (Purpose):
 TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

262.40

Transaction ID: SD10.6535

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

262.40

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

3001.81

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

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

Mailing Address P.O. BOX 88000

City State ZIP Code
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

477.00

Transaction ID: SD10.6536

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

477.00

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

Mailing Address P.O. BOX 88000

City State ZIP Code
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

524.80

Transaction ID: SD10.6537

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

524.80

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

Mailing Address P.O. BOX 88000

City State ZIP Code
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

1115.00

Transaction ID: SD10.6538

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1115.00

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

2116.80

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

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

Mailing Address P.O. BOX 88000

City State ZIP Code
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

419.84

Transaction ID: SD10.6539

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

419.84

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

Mailing Address P.O. BOX 88000

City State ZIP Code
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

539.45

Transaction ID: SD10.6545

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

539.45

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

Mailing Address P.O. BOX 88000

City State ZIP Code
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

2552.60

Transaction ID: SD10.6546

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2552.60

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

3511.89

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

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

3224.16

Transaction ID: SD10.6548

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3224.16

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

3224.16

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

595590.65

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

0.00

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

595590.65

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00348540 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee MACK CROUNSE GROUP		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 1 4</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 1 0</div> </div>	
Mailing Address 2001 N. BEAUREGARD ST., STE 420		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23393.66</div>	
City State Zip Code ALEXANDRIA VA 22311		Transaction ID: SE.8602	
Purpose of Expenditure MAILINGS		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MAC D'ALESSANDRO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">273292.06</div>			
Full Name (Last, First, Middle, Initial) of Payee MACK CROUNSE GROUP		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 1 4</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 1 0</div> </div>	
Mailing Address 2001 N. BEAUREGARD ST., STE 420		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23393.66</div>	
City State Zip Code ALEXANDRIA VA 22311		Transaction ID: SE.8604	
Purpose of Expenditure MAILINGS		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MAC D'ALESSANDRO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">296685.72</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">46787.32</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
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		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D 0 2</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 1 0</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00348540 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee MAJORITY ACTION		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 1101 30TH STREET NW, SUITE 500		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">150000.00</div>	
City State Zip Code WASHINGTON DC 20007		Transaction ID: SE.8391	
Purpose of Expenditure TELEVISION ADS		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 19 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JOHN HALL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 [MEMO ITEM]	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>			
Full Name (Last, First, Middle, Initial) of Payee MAJORITY ACTION		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 1101 30TH STREET NW, SUITE 500		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">150000.00</div>	
City State Zip Code WASHINGTON DC 20007		Transaction ID: SE.8392	
Purpose of Expenditure TELEVISION ADS		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 19 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JOHN HALL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">150000.00</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">150000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D D 0 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC IDENTIFICATION NUMBER C C00348540	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee MAJORITY ACTION		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 1101 30TH STREET NW, SUITE 500		Amount 20000.00	
City State Zip Code WASHINGTON DC 20007		Transaction ID: SE.8390	
Purpose of Expenditure TELEVISION ADS		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 19 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JOHN HALL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 268844.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee PERSON 2 PERSON SOLUTIONS LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 45 WASHINGTON STREET, SUITE 108		Amount 98844.72	
City State Zip Code BROOKLYN NY 11201		Transaction ID: SE.8393	
Purpose of Expenditure MAILERS		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 19 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JOHN HALL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 150000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures		20000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(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		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00348540 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee PERSON 2 PERSON SOLUTIONS LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 1 4</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 1 0</div> </div>	
Mailing Address 45 WASHINGTON STREET, SUITE 108		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">98844.72</div>	
City State Zip Code BROOKLYN NY 11201		Transaction ID: SE.8394	
Purpose of Expenditure MAILERS		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: TIM BISHOP		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 [MEMO ITEM]	
<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>			
Full Name (Last, First, Middle, Initial) of Payee PERSON 2 PERSON SOLUTIONS LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 1 4</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 1 0</div> </div>	
Mailing Address 45 WASHINGTON STREET, SUITE 108		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">98844.72</div>	
City State Zip Code BROOKLYN NY 11201		Transaction ID: SE.8395	
Purpose of Expenditure MAILERS		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 19 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JOHN HALL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; text-align: right;">248844.72</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">98844.72</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
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		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D 0 2</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 1 0</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC IDENTIFICATION NUMBER C C00348540	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee PERSON 2 PERSON SOLUTIONS LLC		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 45 WASHINGTON STREET, SUITE 108		Amount 98844.72	
City State Zip Code BROOKLYN NY 11201		Transaction ID: SE.8398	
Purpose of Expenditure MAILERS		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: TIM BISHOP		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee SEIU COMMUNICATIONS CENTER LLC.		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
Mailing Address 330 WEST 42ND STREET		Amount 7898.40	
City State Zip Code NEW YORK NY 10036		Transaction ID: SE.8607	
Purpose of Expenditure PHONE BANK CALLS		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MAC D'ALESSANDRO		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		106743.12	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(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		Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00348540 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SEIU COMMUNICATIONS CENTER LLC.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 5</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 1 0</div> </div>	
Mailing Address 330 WEST 42ND STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10000.00</div>	
City State Zip Code NEW YORK NY 10036		Transaction ID: SE.8608	
Purpose of Expenditure LIVE PHONE CALLS		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MAC D'ALESSANDRO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">314584.12</div>			
Full Name (Last, First, Middle, Initial) of Payee SEIU COMMUNICATIONS CENTER LLC.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 5</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 1 0</div> </div>	
Mailing Address 330 WEST 42ND STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9842.75</div>	
City State Zip Code NEW YORK NY 10036		Transaction ID: SE.8609	
Purpose of Expenditure PHONE BANK CALLS		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MAC D'ALESSANDRO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">324426.87</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">19842.75</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">442217.91</div>	
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		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D 0 2</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 1 0</div> </div>	