

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

ADDRESS (number and street) ▼

330 WEST 42ND STREET, 7TH FLOOR

☐ Check if different than previously reported. (ACC)

NEW YORK

NY

10036

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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
Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer KEVIN FINNEGAN

Signature of Treasurer

KEVIN FINNEGAN

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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)

Page 2

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		1473937.22
(b) Cash on Hand at Beginning of Reporting Period.....	3199846.33	
(c) Total Receipts (from Line 19)	3189792.34	6632041.07
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	6389638.67	8105978.29
7. Total Disbursements (from Line 31)	4011435.62	5727775.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2378203.05	2378203.05
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)	744850.12	



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)

Page 3

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
07 01 2015

To:

M M / D D / Y Y Y Y Y
12 31 2015
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).....

29491.46

31264.23

(ii) Unitemized

3159455.04

6599030.90

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

3188946.50

6630295.13

(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)

3188946.50

6630295.13

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

845.84

1745.94

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

3189792.34

6632041.07

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

3189792.34

6632041.07

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2520.00	10715.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2520.00	10715.00
22. Transfers to Affiliated/Other Party Committees.....	4000000.00	5500000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	155000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1166.00	3794.80
(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)).....	1166.00	3794.80
29. Other Disbursements	7749.62	58265.44
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4011435.62	5727775.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4011435.62	5727775.24

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3188946.50	6630295.13
34. Total Contribution Refunds (from Line 28(d))	1166.00	3794.80
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3187780.50	6626500.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2520.00	10715.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2520.00	10715.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: F3XN

Transaction ID :

The unitemized contributions on line 11(a)(ii) of the Committee's January 31 Year-End report are from contributors whose aggregate contributions for the year totaled less than \$200 as of the close of the reporting period.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. JULIA ABRAHAM

Mailing Address 55 BOWEN ST., APT. 509

City

STATEN ISLAND

State

NY

Zip Code

10304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stella Orton Home Care Agency

Occupation

Patient Care Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16252

Amount of Each Receipt this Period

45.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. ANGELIKA ACEVEDO

Mailing Address 2157 RJ CIRCLE

City

KISSIMEE

State

FL

Zip Code

34774

FEC ID number of contributing
federal political committee.

C

Name of Employer

PARKS HEALTH CARE & REHAB CTR

Occupation

CERTIFIED NURSES AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16255

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. YAA ACHEAMPONG

Mailing Address 100 BENCHLEY PLACE

City

BRONX

State

NY

Zip Code

10475

FEC ID number of contributing
federal political committee.

C

Name of Employer

HERITAGE HEALTH & HOUSING INC.

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16258

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

145.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Gwendolyn Adams

Mailing Address 101 Lake Dora Dr

City

West Palm Beach

State

FL

Zip Code

33411-2378

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palms West Hospital

Occupation

Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16268

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. PAULINE ADLAM

Mailing Address 167 LENOX ROAD
A-16

City

BROOKLYN

State

NY

Zip Code

11226

FEC ID number of contributing
federal political committee.

C

Name of Employer

PERSONAL TOUCH CARE OF NY

Occupation

HOME HEALTH AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16270

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. DANSO AGYEMAN

Mailing Address 10 EAST 138TH STREET

City

New York

State

NY

Zip Code

10037

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAGNY-Harlem Hosp Columbia U

Occupation

Unknown

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16272

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. MERCEDES ALBA

Mailing Address 76 CORSON AVE

City	State	Zip Code
Staten Island	NY	10301

FEC ID number of contributing federal political committee.

C

 Name of Employer
 Stella Orton Home Care Agency

 Occupation
 Patient Care Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11Al.16274

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. YULI ALEJANDRO

Mailing Address 1569 BRUCKNER BLVD.

City	State	Zip Code
BRONX	NY	10472

FEC ID number of contributing federal political committee.

C

 Name of Employer
 ALLIANCE HOME SERVICES INC

 Occupation
 HOME ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11Al.16277

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Lucien Alexis

Mailing Address 15172 92nd Ct N

City	State	Zip Code
West Palm Beach	FL	33412-2501

FEC ID number of contributing federal political committee.

C

 Name of Employer
 Palms West Hospital

 Occupation
 IMAGING CLERK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11Al.16279

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

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

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

100.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. TILHAUN ALITO

Mailing Address 816 SOUTH FLORIDA ST., APT 6

City State Zip Code
 ARLINGTON VA 22204

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MEDSTAR GEORGETOWN MED. CENTER

Occupation
 TRANSPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11Al.16282

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Cornelia Allen

Mailing Address 584 OSBORN ST., #2F

City State Zip Code
 Brooklyn NY 11212

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Maimonides Medical Center

Occupation
 Information Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11Al.16284

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. JUAN ALONZO

Mailing Address 510 W 188TH ST
 APT 55

City State Zip Code
 NEW YORK NY 10040-4696

FEC ID number of contributing
federal political committee.

C

Name of Employer
 LEGAL AID SOCIETY

Occupation
 PARALEGAL 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11Al.16286

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Brian ALSTON

Mailing Address 760 N. Edgewood Street

City	State	Zip Code
Baltimore	MD	21229

FEC ID number of contributing federal political committee.

C

Name of Employer

Genesis - Perring Parkway Center

Occupation

Housekeeping Floor Person

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11Al.16288

Amount of Each Receipt this Period

21.52

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. REINA ALTAGRACIA

Mailing Address 155 EAST 168 STREET

City	State	Zip Code
BRONX	NY	10452

FEC ID number of contributing federal political committee.

C

Name of Employer

ALLIANCE HOME SERVICES, INC.

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11Al.16291

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. PONIA ALY

Mailing Address 1651 CAROLL STREET

City	State	Zip Code
BROOKLYN	NC	11213

FEC ID number of contributing federal political committee.

C

Name of Employer

NY METHODIST HOSPITAL BROOKLYN

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11Al.16294

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

81.52

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Maria Amaral

Mailing Address 5522 Landover Blvd

 City
 Spring Hill

 State Zip Code
 FL 34609-1315

 FEC ID number of contributing
 federal political committee.

Name of Employer

Oak Hill Svc & Tech

Occupation

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11AI.16297

Amount of Each Receipt this Period

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Joyce Anderson

Mailing Address 354 HOWLAND AVENUE

 City
 ENGLEWOOD

 State Zip Code
 NJ 07631-3229

 FEC ID number of contributing
 federal political committee.

Name of Employer

Teaneck Nursing Ctr-Bdwy Heal

Occupation

Certified Nursing Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11AI.16299

Amount of Each Receipt this Period

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Valry Anderson

Mailing Address 114 SILVER STREET

 City
 Elmont

 State Zip Code
 NY 11003

 FEC ID number of contributing
 federal political committee.

Name of Employer

New York Downtown Hospital

Occupation

Chart Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11AI.16301

Amount of Each Receipt this Period

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. HILARIA ANTONIO

Mailing Address 820 ASTOR AVENUE, APT. 4B

City	State	Zip Code
BRONX	NY	10467

FEC ID number of contributing federal political committee.

C

 Name of Employer
 ALLIANCE HOME SERVICES, INC.

 Occupation
 HOME ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16303

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. MYAH APARICO

Mailing Address 128 GUY LOMBARDO AVE, APT E3

City	State	Zip Code
FREEPORT	NY	11520

FEC ID number of contributing federal political committee.

C

 Name of Employer
 NY METHODIST HOSPITAL BROOKLYN

 Occupation
 UNIT CLERK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16306

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. YOLANDA ARAOZ

Mailing Address UNKNOWN

City	State	Zip Code
UNKNOWN		

FEC ID number of contributing federal political committee.

C

 Name of Employer
 MONTEFIORE NEW ROCHELLE HOSP.

 Occupation
 UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16309

Amount of Each Receipt this Period

40.00

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:
(check only one)

PAGE 14 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. STEFFI ARAUZ

Mailing Address 913 MACE AVE., 1ST FL.

City State Zip Code
 BRONX NY 10469

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MONTEFIORE HOSPITAL

Occupation
 RESEARCH TEHNOL-EPIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16312

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. AGNES ARTHUR

Mailing Address 779 CONCOURSE VILLAGE, 19J

City State Zip Code
 BRONX NY 10451

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ALLIANCE HOME SERVICES INC.

Occupation
 HOME ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16315

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. JANETT ARZU

Mailing Address 1000 HOE AVENUE
 APT#304

City State Zip Code
 BRONX NY 10459

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ALLIANCE HOME SERVICES INC.

Occupation
 UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16317

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

90.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. George Attoh

Mailing Address 1830 BROOKLYN AVE APT 5F

City State Zip Code
 Brooklyn NY 11210-4224

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Lutheran Medical Center

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 Y Y
 12 31 2015

Transaction ID : SA11AI.16319

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Temitope Ayeni

Mailing Address 45 E WASHINGTON AVE.

City State Zip Code
 ELMWOOD NJ 07407

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Montefiore-Wakefield Campus

Occupation
 Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16321

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. SULOCH BABU

Mailing Address 52 VAN BUREN AVENUE

City State Zip Code
 TEANECK NY 07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NEW YORK PRESBYTERIAN HOSPITAL

Occupation
 STAFF PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16323

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. ADEYEMI BANDELE

Mailing Address 1606 NEW JERSEY AVENUE, NW

City	State	Zip Code
WASHINGTON	DC	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 ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16325

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. FREDERICK BAPTISTE

Mailing Address 404 EAST 48TH STREET, APT 2A

City	State	Zip Code
BROOKLYN	NY	11203

FEC ID number of contributing federal political committee.

C

Name of Employer

NEW YORK CONGREGATIONAL

Occupation

PORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16328

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. BEVERLEY Barrington

Mailing Address 673 ROCKAWAY PARKWAY

City	State	Zip Code
Brooklyn	NY	11236

FEC ID number of contributing federal political committee.

C

Name of Employer

Brookdale Hospital Medical Ctr

Occupation

CLERK, ADMITTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16330

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. KADIATOU BARRY
 Mailing Address 103 BUSH AVENUE
 APT. #2

 City State Zip Code
 STATEN ISLAND NY 10303

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16333

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. MILA BARVINSKY

Mailing Address 120 DEKRUIF PLACE # 18 J

 City State Zip Code
 Bronx NY 10475

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Queens Hosp Ctr-Mt Sinai Affil

Occupation

UI Tch Reg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16335

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. MITRA BEHROOZI

Mailing Address 123 LINCOLN PLACE

 City State Zip Code
 BROOKLYN NY 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 ▼

750.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 07 31 2015

Transaction ID : SA11AI.16336

Amount of Each Receipt this Period

150.00

PAYROLL DEDUCTION

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

205.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. 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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : SA11AI.16337

Amount of Each Receipt this Period

150.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. 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 ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.16338

Amount of Each Receipt this Period

150.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. 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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : SA11AI.16339

Amount of Each Receipt this Period

150.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

450.00

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 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : SA11AI.16340

Amount of Each Receipt this Period

150.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.16341

Amount of Each Receipt this Period

150.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

c. Laverne Bell

Mailing Address 15172 92nd Ct N

City

West Palm Beach

State

FL

Zip Code

33412-2501

FEC ID number of contributing
federal political committee.

C

Name of Employer

MERIDIAN NURSING & REHAB

Occupation

CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.16345

Amount of Each Receipt this Period

40.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Tyrome Bell

Mailing Address 555 Edgecombe Ave

City State Zip Code
New York NY 10032

FEC ID number of contributing federal political committee.

C

Name of Employer

Mt Sinai Hospital

Occupation

Mntl hlth asoc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16343

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Jean Berg

Mailing Address 18633 Oak Way Dr

City State Zip Code
Hudson FL 34667-5137

FEC ID number of contributing federal political committee.

C

Name of Employer

Spring Hill Health & Rehab Center

Occupation

CERTIFIED NURSES AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16347

Amount of Each Receipt this Period

160.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. BERTHINA BERTHIERMailing Address 4107 ROYAL BANYON DRIVE
APT. 97

City State Zip Code
TAMPA FL 33160

FEC ID number of contributing federal political committee.

C

Name of Employer

SOUTH TAMPA HEALTH & REHAB

Occupation

CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16349

Amount of Each Receipt this Period

87.00

PAYROLL DEDUCTION

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

257.00

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 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Joy Melody Besinan

Mailing Address 55-19 69th Place

City

Maspeth

State

NY

Zip Code

11378

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brookdale Hospital Medical Center (RN)

Occupation

Registered Nurse

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.16351

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Tonie Bighom

Mailing Address 2501 SE Charleston Dr

City

Port Saint Lucie

State

FL

Zip Code

34952-7326

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palms West Hospital

Occupation

Patient Care Tech

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.16353

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. JUNE BLAIN

Mailing Address 1333 Watchung Ave

City

Plainfield

State

NJ

Zip Code

07060-3145

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Benefit Fund-1199

Occupation

DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.16355

Amount of Each Receipt this Period

200.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 22 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. MILLICENT BLAIR

Mailing Address 605 E 169TH ST., 3E

City
BRONXState
NYZip Code
10456FEC ID number of contributing
federal political committee.

C

Name of Employer

BEST CARE INC.

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16358

Amount of Each Receipt this Period

230.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. YONETTE BLAIR-BURTON

Mailing Address 195 COZINE AVE, APT 8F

City

BROOKLYN

State

NY

Zip Code

11207

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARE AT HOME DIOCESE BROOKLYN

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16361

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Wiljanda Boatwright

Mailing Address unknown

City

unknown

State

NY

Zip Code

10000

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Benefit Fund - 1199

Occupation

unknown

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16363

Amount of Each Receipt this Period

37.50

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

287.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. MARIE BOLIVAR

Mailing Address 3801 AVE M, #1

City
BROOKLYNState
NYZip Code
11234FEC ID number of contributing
federal political committee.

C

Name of Employer

FCPC COMMUNITY AFFAIRS HSKP

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.16366

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. JEANNIE BONVINO

Mailing Address 777 AVENUE Z

City
BROOKLYNState
NYZip Code
11285FEC ID number of contributing
federal political committee.

C

Name of Employer

Beth Israel Kings Highway

Occupation

TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.30

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.16367

Amount of Each Receipt this Period

216.65

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Mabel Boria

Mailing Address 8510 21st Avenue

City
BrooklynState
NYZip Code
11214FEC ID number of contributing
federal political committee.

C

Name of Employer

Lutheran Medical Center

Occupation

Sr Patient Service Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.16369

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

266.65

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

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

FOR LINE NUMBER: PAGE 24 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16371

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Gloriana Brann

Mailing Address 13355 Persimmon Blvd

City State Zip Code
West Palm Beach FL 33411-8148

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Mary Medical Center

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 Y Y
12 31 2015

Transaction ID : SA11AI.16373

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. BONITA BROWDER

Mailing Address 150 EAST 18TH ST., 4A

City State Zip Code
BROOKLYN NY 11226

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOPKINS CENTER

Occupation

CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16376

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

80.00

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

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

FOR LINE NUMBER: PAGE 25 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. LLOYD BROWN

Mailing Address 1160 EAST 229th STREET

City State Zip Code
 Bronx NY 10466

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Rite Aid

UN Shift Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16380

Amount of Each Receipt this Period

30.88

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Michael BROWN

Mailing Address 10380 Belltower St

City State Zip Code
 Spring Hill FL 34608-2005

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Spring Hill Health & Rehab Center

COOK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16382

Amount of Each Receipt this Period

42.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Zola BROWN

Mailing Address 83 Roslyn St

City State Zip Code
 Rochester NY 14619-1824

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

National Benefit Fund-1199

Benefit Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16378

Amount of Each Receipt this Period

100.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

172.88

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 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. ALEXA BRUECKNER

Mailing Address UNKNOWN

 City State Zip Code
 UNKNOWN

FEC ID number of contributing federal political committee.

C

 Name of Employer
 MONTEFIORE MT VERNON HOSPITAL

 Occupation
 UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16385

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. JUDLYNE BRUN

Mailing Address 2363 GRAND AVENUE

 City State Zip Code
 BALDWIN NY 11510

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 ▼

225.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16387

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. GLADYS BRUNO
 Mailing Address 726 52ND STREET
 BSMT

 City State Zip Code
 BROOKLYN NY 11220-2805

FEC ID number of contributing federal political committee.

C

 Name of Employer
 LUTHERAN MEDICAL CENTER

 Occupation
 PATIENT SERVICE ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16389

Amount of Each Receipt this Period

240.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

305.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. ANA BRUNSON

Mailing Address 6012 37TH AVENUE

City
HYATTSVILLE

State Zip Code
MD 20782

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNITED MEDICAL CENTER

Occupation
UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16392

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Juanita Bryant

Mailing Address 760 NW 83rd Ter

City
Miami

State Zip Code
FL 33150-2704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miami Shores Nursing & Rehab. Center

Occupation
Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16394

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. AVEN BRYANT JR

Mailing Address 728 EAST 21 ST, APT 5

City
BALTIMORE

State Zip Code
MD 21218

FEC ID number of contributing
federal political committee.

C

Name of Employer
BROOKLYN HOSPITAL

Occupation
BUILDING SERVICE WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.64

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16397

Amount of Each Receipt this Period

1.64

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

81.64

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. 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 ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16398

Amount of Each Receipt this Period

215.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. SHELTON DENNIS BULLOCK

Mailing Address 193 AUBORN AVENUE

City State Zip Code
SHIRLEY NY 11967

FEC ID number of contributing
federal political committee.

C

Name of Employer

CENTER LODGE NURSING HOME

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16400

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Monica Burgess

Mailing Address 1530 NW 174 STREET

City State Zip Code
Miami FL 33169

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Medical Center

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16402

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

285.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Brian Burke

Mailing Address 209 W. 118TH STREET

City
New YorkState Zip Code
NY 10026FEC ID number of contributing
federal political committee.

C

Name of Employer

Montefiore Hospital

Occupation

CSTMR SVCS LIASN II CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16404

Amount of Each Receipt this Period

75.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Kevin Burke

Mailing Address 606 17TH AVENUE

City
NeptuneState Zip Code
NJ 07719FEC ID number of contributing
federal political committee.

C

Name of Employer

Meridian Nursing & Rehab.

Occupation

ENVIRONMENTAL SERVICE AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16406

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. SAILY CABRAL

Mailing Address 45 SCOOTER LANCE

City
HICKSVILLEState Zip Code
NY 11801-6416FEC 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 ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16408

Amount of Each Receipt this Period

100.00

PAYROLL DEDUCTION

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

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

215.00

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

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

FOR LINE NUMBER: PAGE 30 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. MARIE CADET

Mailing Address 12215 N.W. 18 Pl.

City State Zip Code
 Miami FL 33167

FEC ID number of contributing federal political committee.

C

Name of Employer
 Franco Nursing Home - Tandem

Occupation
 Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11Al.16410

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. ARNOLD CALDERON

Mailing Address 2578 BROADWAY, # 129

City State Zip Code
 NEW YORK NY 10025

FEC ID number of contributing federal political committee.

C

Name of Employer
 ALLIANCE HOME SERVICES, INC.

Occupation
 HOME ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11Al.16413

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. JO-ANNA CALICA

Mailing Address 411 NW 87TH DRIVE, APT 201

City State Zip Code
 PLANTATION FL 33324

FEC ID number of contributing federal political committee.

C

Name of Employer
 WESTSIDE REGIONAL MEDICAL

Occupation
 REGISTERED NURSE II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11Al.16416

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

130.00

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

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

FOR LINE NUMBER: PAGE 31 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. KRIS CALLWOOD

Mailing Address 30 HAMILTON PLACE, 138 STREET

City State Zip Code
 NEW YORK NY 10031

FEC ID number of contributing
federal political committee.

C

Name of Employer
 HERITAGE HEALTH & HOUSING INC.

Occupation
 RESIDENCE COUNSELOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16419

Amount of Each Receipt this Period

60.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Mercedes Cameron

Mailing Address 61 W NORTHRUP PLACE

City State Zip Code
 Buffalo NY 14214

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Weinberg Campus

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 Y Y
 12 31 2015

Transaction ID : SA11AI.16421

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. WILLIAM CAMPBELL

Mailing Address 302 ANDROS AVENUE

City State Zip Code
 STATEN ISLAND NY 10303

FEC ID number of contributing
federal political committee.

C

Name of Employer
 STATEN ORTON HOME CARE AGENCY

Occupation
 PERSONAL 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 Y Y
 12 31 2015

Transaction ID : SA11AI.16423

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

105.00

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

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

FOR LINE NUMBER: PAGE 32 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Elizabeth Cangelosi

Mailing Address 3614 Ave K

City State Zip Code
 Brooklyn NY 11210

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Center For Nursing Rehab Relief Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16425

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. John Capel Jr,

Mailing Address 2584 Running Oak Ct

City State Zip Code
 Spring Hill FL 34608-4451

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Oak Hill Svc & Tech Transporter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16427

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. DOMINGA CARELA DE GUERRERO

Mailing Address 117 SHERMAN AVE, 24

City State Zip Code
 NEW YORK NY 10034

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16430

Amount of Each Receipt this Period

240.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

290.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 33 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. LILLIAN CARINO
 Mailing Address 327 SAINT NICHOLAS AVENUE
 APT. 2N

City	State	Zip Code
NEW YORK	NY	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 ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16432

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. SALLY CARLISLE

Mailing Address 115 MAY FAIR CIRCLE

City	State	Zip Code
SANFORD	FL	32771

FEC ID number of contributing federal political committee.

C

Name of Employer

Lake Mary Health & Rehab Ctr

Occupation

CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16434

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. LIGAYA CASCONI

Mailing Address 228 SAND LANE

City	State	Zip Code
STATEN ISLAND	NY	10305

FEC ID number of contributing federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16436

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

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

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

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. ALYSSA CASE

Mailing Address 2781 GORTON ROAD

City
CORNINGState
NYZip Code
14830FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNING CENTER FOR REHAB.

Occupation

LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11AI.16462

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. MARIE CASTOR

Mailing Address 64 JESUP PLACE, APT A3

City
BRONXState
NYZip Code
10452FEC ID number of contributing
federal political committee.

C

Name of Employer

HERITAGE HEALTH & HOUSING INC.

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11AI.16441

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. LAURA CESPEDES

Mailing Address UNKNOWN

City
UNKNOWN

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

HERITAGE HEALTH & HOUSING INC.

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11AI.16444

Amount of Each Receipt this Period

60.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

130.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Roy Ceurvels Jr

Mailing Address 8422 Valmora St

City

Spring Hill

State

FL

Zip Code

34608-6049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palms West Hospital

Occupation

STERILE PROCESSING TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16446

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. PATRICIA CHAMBERS

Mailing Address 206 HUNTINGTON DRIVE

City

MASTIC BEACH

State

NY

Zip Code

11951

FEC ID number of contributing
federal political committee.

C

Name of Employer

CEDAR LODGE NURSING HOME

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16448

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Joan Chapman

Mailing Address 1300 Pine Lake Rd

City

Orlando

State

FL

Zip Code

32808-6323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rosewood Health & Rehab Center

Occupation

COOK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16450

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

110.00

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

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

FOR LINE NUMBER: PAGE 36 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. OLIVE CHARLES

Mailing Address 7210 Patterson Street

City

Lanham

State

MD

Zip Code

20706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Communicare - Forestville

Occupation

Geriatric Nurse Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16452

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Kerling Charles-pierre

Mailing Address 6712 Heritage Grande

City

Boynton Beach

State

FL

Zip Code

33437-7906

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Boca Medical Center

Occupation

MONITOR TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16454

Amount of Each Receipt this Period

280.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. SHEN CHEN

Mailing Address P.O. BOX 778347

City

WOODSIDE

State

NY

Zip Code

11377

FEC ID number of contributing
federal political committee.

C

Name of Employer

PROMENADE NURSING HOME

Occupation

NURSE AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16457

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

360.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 37 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Shirley Cher-aime

Mailing Address 2273 NW 81 AVE

City	State	Zip Code
Sunrise	FL	33322

FEC ID number of contributing federal political committee.

C

Name of Employer

North Shore Medical Center

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2015					

Transaction ID : SA11AI.16459

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. NATALI CHERVONY

Mailing Address 122 BRAISTED AVENUE

City	State	Zip Code
STATEN ISLAND	NY	10314

FEC ID number of contributing federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

PERSONAL CARE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2015					

Transaction ID : SA11AI.16464

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. JEAN CIPRIAN

Mailing Address 2936 BAINBRIDGE AVE, APT 1A

City	State	Zip Code
BRONX	NY	10458

FEC ID number of contributing federal political committee.

C

Name of Employer

MONTEFIORE MT VERNON HOSPITAL

Occupation

CASHIER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2015					

Transaction ID : SA11AI.16467

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

100.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Kenroy Clark

Mailing Address 4528 Hill Avenue

City State Zip Code
 Bronx NY 10466

FEC ID number of contributing
federal political committee.

C

Name of Employer

Workmens Circle

Occupation

Housekeepers NS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16469

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. BEVOLIN CLARKE

Mailing Address 92 HIGH STREET

City State Zip Code
 YONKERS NY 10703-3202

FEC ID number of contributing
federal political committee.

C

Name of Employer

St John's Riverside Hospital

Occupation

REGISTRAR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16473

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. ELMA CLARKE

Mailing Address 301 Houston Woods Ct

City State Zip Code
 Orlando FL 32824-9355

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Parks Health Care & Rehabilitation

Occupation

CERTIFIED NURSES AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16471

Amount of Each Receipt this Period

60.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

140.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. THOMAS CLOUTIER

Mailing Address 2462 VALENTINE AVENUE

City
BRONX

State
NY

Zip Code
10458-5369

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 Y
12 / 31 / 2015

Transaction ID : SA11AI.16475

Amount of Each Receipt this Period

33.42

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Josette COBBLER WARD

Mailing Address 125 Sterling Street Apt. 2

City
Brooklyn

State
NY

Zip Code
11225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meadow Park Nursing Home

Occupation

Certified Nursing Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16477

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. MARIA COLLADO

Mailing Address 1755 SEDDON STREET

City
BRONX

State
NY

Zip Code
10461

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALLIANCE HOME SERVICES INC.

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16478

Amount of Each Receipt this Period

240.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

293.42

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

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

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. JUSTIN CORCHADO

Mailing Address 10 15 PONSI STREET

City

FORT LEE

State

NJ

Zip Code

07024

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE RIVERSIDE

Occupation

DIETARY AIDES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16481

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. AGNES CORK

Mailing Address 1265 EAST 83RD STREET

City

BROOKLYN

State

NY

Zip Code

11236

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEOPLE CARE

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16484

Amount of Each Receipt this Period

60.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Marcia Cousins

Mailing Address 3452 CORSA AVE APT 4C

City

Bronx

State

NY

Zip Code

10469-1857

FEC ID number of contributing
federal political committee.

C

Name of Employer

Throgs Neck Extended Care

Occupation

Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16486

Amount of Each Receipt this Period

60.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

130.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. DENA CRAWFORD

Mailing Address 4804 IVERSON PLACE

City

TEMPLE HILLS

State

MD

Zip Code

20748

FEC ID number of contributing
federal political committee.

C

Name of Employer

Communicare - Forestville

Occupation

Geriatric Nurse Aide

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.16488

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. JAMES CROSBY

Mailing Address 2005 E. Lanvale Street

City

Baltimore

State

MD

Zip Code

21213

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 ▼

300.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.16490

Amount of Each Receipt this Period

100.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. MANDEE CRUMPTON

Mailing Address 821 N. CENTRAL AVENUE

City

BALTIMORE

State

MD

Zip Code

21202

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENVOY OF PIKESVILLE

Occupation

UNKNOWN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.16494

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

160.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. JENNIFER CRUZ

Mailing Address 788 FOX STREET, APT SUPT

City State Zip Code
 BRONX NY 10455

FEC ID number of contributing
federal political committee.

C

Name of Employer
 HERITAGE HEALTH & HOUSING INC.

Occupation
 HOUSEKEEPING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16497

Amount of Each Receipt this Period

60.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. NONA CUISON

Mailing Address 88-15 202ND STREET

City State Zip Code
 HOLLIS NY 11423

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CLIFFSIDE NURSING HOME

Occupation
 CERTIFIED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16500

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Evadney Cunningham

Mailing Address 2148 Aldrin Road

City State Zip Code
 Ocean NJ 07712

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Meridian Nursing & Rehab. @ Shrewsbury

Occupation
 Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16502

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. MARIA CURET

Mailing Address 99 WAVERLY ST

City	State	Zip Code
YONKERS	NY	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 ▼

560.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16505

Amount of Each Receipt this Period

360.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. FROK DAKA

Mailing Address UNKNOWN

City	State	Zip Code
UNKNOWN		

FEC ID number of contributing federal political committee.

C

Name of Employer

MONTEFIORE NEW ROCHELLE HOSP.

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16508

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. TINU MARY DARAMOLA

Mailing Address 1123 MCKENNA PLACE

City	State	Zip Code
UNIONDALE	NY	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 M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16510

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

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

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

390.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 44 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial) A. HANNAH DAVIES		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11AI.16512	
Mailing Address 2246 7TH AVENUE APT #2		Amount of Each Receipt this Period 30.00	
City NEW YORK	State NY	Zip Code 10027	PAYROLL DEDUCTION
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 230.00	
Name of Employer STELLA ORTON HOME CARE AGENCY	Occupation HOME HEALTH ATTENDANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. SHIKILIA DAVIS		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11AI.16515	
Mailing Address 3 LOWNDES AVENUE. APT 1A		Amount of Each Receipt this Period 20.00	
City HUNTINGTON STATION	State NY	Zip Code 11746	PAYROLL DEDUCTION
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 220.00	
Name of Employer COLD SPRING HILLS CENTER	Occupation DIETARY AIDE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. DON DAZZELL		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11AI.16518	
Mailing Address 382 BEACH 25 ST., 2ND FL.		Amount of Each Receipt this Period 20.00	
City FAR ROCKAWAY	State NY	Zip Code 11691	PAYROLL DEDUCTION
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 220.00	
Name of Employer ROCKAWAY HOME ATTENDANT SERV.	Occupation HOME HEALTH ATTENDANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
SUBTOTAL of Receipts This Page (optional)..... ▶		70.00	
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. DANE ` DEANS

Mailing Address 40 MORROW AVENUE, APT SRN

City	State	Zip Code
SCARSDALE	NY	10583

FEC ID number of contributing
federal political committee.

C

Name of Employer

WHITE PLAINS HOSPITAL

Occupation

FOOD SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16523

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. CLARIBEL DE JESUSMailing 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 ▼

574.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16520

Amount of Each Receipt this Period

374.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. JUANA DEJESUSMailing Address 1035 WOODYCREST AVENUE
2E

City	State	Zip Code
BRONX	NY	10452

FEC ID number of contributing
federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

PERSONAL CARE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16525

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

414.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 46 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. HELEN DELA CRUZ

Mailing Address 432 Carr Street

 City
 Forked River

 State
 NJ

 Zip Code
 08731

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Beth Israel Medical Center Petrie (RN)

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16526

Amount of Each Receipt this Period

250.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Donnie Demps

Mailing Address 3520 N 23 Street

 City
 Tampa

 State
 FL

 Zip Code
 33605

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

South Tampa Health & Rehab Ctr

Occupation

Housekeeping

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16528

Amount of Each Receipt this Period

94.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. MARIE DENIZE

Mailing Address 241-15 CARNEY ROAD

 City
 JAMAICA

 State
 NY

 Zip Code
 11423

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

1199 SEIU RETIREE (PENSION)

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16531

Amount of Each Receipt this Period

130.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

474.00

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 47 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Denise Dennison

Mailing Address 15110 State Road 54

City	State	Zip Code
Odessa	FL	33556-3666

FEC ID number of contributing federal political committee.

C

Name of Employer

Medical Center of Trinity

Occupation

Paramedic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16533

Amount of Each Receipt this Period

260.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. MAURICE DE PALO

Mailing Address 2116 TOMLINSON AVE

City	State	Zip Code
BRONX	NY	10461-1202

FEC ID number of contributing federal political committee.

C

Name of Employer

MONTEFIORE HOSPITAL

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.17293

Amount of Each Receipt this Period

70.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. EVENA DESRONVIL

Mailing Address 1481 CARLSEN DRIVE

City	State	Zip Code
UNION	NJ	07083

FEC ID number of contributing federal political committee.

C

Name of Employer

GREEN KNOLL

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16536

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

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

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

380.00

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

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

FOR LINE NUMBER: PAGE 48 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Kerensa Dessalines

Mailing Address 3330 Spanish Moss Ter
Apt 407

City State Zip Code
Lauderhill FL 33319-5062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kendall Regional Medical Ctr.

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11Al.16538

Amount of Each Receipt this Period

280.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Mariame DIANE

Mailing Address 1457 OGDEN AVE

City State Zip Code
Bronx NY 10452

FEC ID number of contributing
federal political committee.

C

Name of Employer

Services For The Underserved

Occupation

Program Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11Al.16540

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. JASMINE DIAZ

Mailing Address 1015 ANDERSON AVENUE, APT 3B

City State Zip Code
BRONX NY 10452

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. BARNABAS HOSPITAL

Occupation

CLERK LABORATORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.12

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11Al.16543

Amount of Each Receipt this Period

206.12

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

526.12

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 49 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Patricia Diaz

Mailing Address 2845 S Oakland Forest Dr

City

Oakland Park

State

FL

Zip Code

33309-7564

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospital

Occupation

RN Surg Svcs/OR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16545

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. ARMETA DIXON

Mailing Address 7211 PRINCE GEORGE RD

City

BALTIMORE

State

MD

Zip Code

21207

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16547

Amount of Each Receipt this Period

200.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. PHILLIS DJAN

Mailing Address 240 PARKHILL AVENUE
#2T

City

STATEN ISLAND

State

NY

Zip Code

10304

FEC ID number of contributing
federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16549

Amount of Each Receipt this Period

85.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

310.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. TAKESHA DOBY

Mailing Address 1418 DOWNING ST. NE, APT #2

City State Zip Code
 WASHINGTON DC 20018

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 WASHINGTON CENTER FOR AGING FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16552

Amount of Each Receipt this Period

60.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. DEVON DORSETT

Mailing Address 3320 AVENUE H, APT #3E

City State Zip Code
 BROOKLYN NY 11210

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 CENTER FOR NURSING REHAB UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16555

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Nora Duncan

Mailing Address 7150 NW 45th St

City State Zip Code
 Lauderhill FL 33319-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Westside Regional Medical LPN(Spec)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16557

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. BRENDA DUNSTON

Mailing Address 2459 MERCURY DRIVE

City	State	Zip Code
COCOA	FL	32926

FEC ID number of contributing federal political committee.

C

Name of Employer

ROCKLEDGE HEALTH & REHAB

Occupation

CERTIFIED NURSES AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16560

Amount of Each Receipt this Period

61.50

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. SABRINA DURDEN

Mailing Address PO BOX 11

City	State	Zip Code
ROOSEVELT	NY	11575

FEC ID number of contributing federal political committee.

C

Name of Employer

Avalon Gardens Rehab & HCC

Occupation

PSYCH AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16562

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. LOREEN DUSAUZY

Mailing Address 315 LINCOLN ROAD, APT #4

City	State	Zip Code
BROOKLYN	NY	11225

FEC ID number of contributing federal political committee.

C

Name of Employer

BROOKDALE HOSPITAL CENTER

Occupation

TECHNICIAN, PSYCHIATRY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16566

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

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

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

91.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 52 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. 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

Lynbrook Restorative Therapy & Nursing

Occupation

SECOND COOK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16568

Amount of Each Receipt this Period

75.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. VERLANCE ECHOLES

Mailing Address 1950 NW 55 STREET

 City
 MIAMI

 State
 FL

 Zip Code
 33142

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

PALMETTO GENERAL HOSPITAL S&T

Occupation

BEHAVIORAL TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16570

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. OLIVE EDIE

Mailing Address 613 BAIN BRIDGE STREET

 City
 BROOKLYN

 State
 NY

 Zip Code
 11233

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

1199 SEIU RETIREE (PENSION)

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16573

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Crystal Edwards

Mailing Address 1136 Carroll Street

City	State	Zip Code
Baltimore	MD	21230

FEC ID number of contributing federal political committee.

C

Name of Employer

Communicare- Ellicott City

Occupation

Geriatric Nurse Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16575

Amount of Each Receipt this Period

21.52

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Eduardo Eguino

Mailing Address 1630 SW 71st Ct

City	State	Zip Code
Miami	FL	33155-1674

FEC ID number of contributing federal political committee.

C

Name of Employer

Kendall Regional Medical Center

Occupation

Surgical Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16577

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. ROSA ENCARNACIONMailing Address 89-25 ELMHURST AVE 604
APT. 604

City	State	Zip Code
ELMHURST	NY	11373

FEC ID number of contributing federal political committee.

C

Name of Employer

BEST CARE, INC.

Occupation

HOME HEALTH AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16579

Amount of Each Receipt this Period

240.00

PAYROLL DEDUCTION

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

301.52

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 54 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. DANIELA ESCAMILLA

Mailing Address 133 NEW AMWELL ROAD

City State Zip Code
HILLSBOROUGH NJ 08844

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREEN KNOLL

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16582

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Marie Eugene

Mailing Address 7521 Fairway Blvd

City State Zip Code
Miramar FL 33023-6500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westside Regional Medical

Occupation

Patient Care Asst II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16584

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. HYACINTH EWART

Mailing Address 140 BENCHLYL

City State Zip Code
BRONX NY 10475

FEC ID number of contributing
federal political committee.

C

Name of Employer

WORKMENS CIRCLE

Occupation

HOUSEKEEPERS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16587

Amount of Each Receipt this Period

35.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

125.00

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

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

FOR LINE NUMBER: PAGE 55 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. KATHERINE FALLON

Mailing Address 18 STUYVESANT OVAL

City
NEW YORK

State Zip Code
NY 10009

FEC ID number of contributing
federal political committee.

C

Name of Employer
NATIONAL BENEFIT FUND

Occupation
UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16590

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Nerlande Fenelus

Mailing Address 7913 Picklewood Park Dr

City
Boynton Beach

State Zip Code
FL 33437-7523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Medical Center

Occupation
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16594

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Raheema Fields

Mailing Address 7901 PITKIN AVE., FL. BSM.

City
OZONE PARK

State Zip Code
NY 11417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stella Orton Home Care Agency

Occupation
PERSONAL CARE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16596

Amount of Each Receipt this Period

260.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 56 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Geraldine Findlay

Mailing Address 5004 SW 155th Ter

City
Miramar

State
FL

Zip Code
33027-5644

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Boca Medical Center

Occupation

REGISTERED NURSE SPECIALTY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16598

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. EILEEN FLANAGAN

Mailing Address 249-41 BEECHKNOLL AVE

City

LITTLE NECK

State

NY

Zip Code

11362-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEW YORK HOSPITAL OF QUEENS

Occupation

REGISTRAR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16600

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. 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 Y
12 / 31 / 2015

Transaction ID : SA11AI.16602

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

70.00

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

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

FOR LINE NUMBER: PAGE 57 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. SAMANTHA FLETCHER

Mailing Address 447 SOUTH 3RD AVENUE

City State Zip Code
MOUNT VERNON NY 10550

FEC ID number of contributing federal political committee.

C

Name of Employer

MONTEFIORE NEW ROCHELLE HOSP.

Occupation

CLINICAL LAB TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16605

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. JOCELYNE FLORVIL

Mailing Address 174 ROLLING STREET

City State Zip Code
MALVERNE NY 11565

FEC ID number of contributing federal political committee.

C

Name of Employer

HOLLISWOOD CENTER FOR REHAB

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 Y
12 31 2015

Transaction ID : SA11AI.16608

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. FATOUMATA FOFANA

Mailing Address UNKNOWN

City State Zip Code
UNKNOWN

FEC ID number of contributing federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16611

Amount of Each Receipt this Period

30.00

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
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 58 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. ANTONIO FOSTER

Mailing Address 3530 BAINBRIDGE AVE., APT 3A

City

BRONX

State

NY

Zip Code

10467

FEC ID number of contributing
federal political committee.

C

Name of Employer

MONTEFIORE MT. VERNON HOSPITAL

Occupation

2ND COOK

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.17336

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. JAMES Frazier

Mailing Address 545 RUTLAND ROAD

City

Brooklyn

State

NY

Zip Code

11203

FEC ID number of contributing
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

ORGANIZER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2015

Transaction ID : SA11AI.16615

Amount of Each Receipt this Period

400.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. ROBERT FRAZIER

Mailing Address 2713 MBAYONE AVENUE

City

BALTIMORE

State

MD

Zip Code

21214

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENESIS-CATONSVILLE COMMONS

Occupation

AIDE-GERIATRIC NURSE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16617

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

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

490.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 59 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Yiu Fung

Mailing Address 103-24 Plattwood Ave

City

Ozone Park

State

NY

Zip Code

11417

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jamaica Hospital

Occupation

Technologist, Lab - Micro

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16619

Amount of Each Receipt this Period

11.20

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Tammy Fuss

Mailing Address 656 NE Little Kayak Pt

City

Port Saint Lucie

State

FL

Zip Code

34983-3514

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Lucie Medical Center

Occupation

Chief

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16621

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. ANA GAONA-TENESACA

Mailing Address 70 LAKE AVENUE

City

STATEN ISLAND

State

NY

Zip Code

10303

FEC ID number of contributing
federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16623

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

56.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 60 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. HERMINIA GARCIA

Mailing Address 2240 RYER AVE., APT #3C

 City
 BRONX

 State
 NY

 Zip Code
 10457

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

CARE AT HOME OF BROOKLYN INC

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11AI.16628

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Joaquin Garcia

Mailing Address 9120 SW 137th Ave

 City
 Miami

 State
 FL

 Zip Code
 33186-1402

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Kendall Regional Medical Center

Occupation

RADIOLOGY TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11AI.16625

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. SANDRA GARCIA

Mailing Address 307 W 117 ST., #2E

 City
 NEW YORK

 State
 NY

 Zip Code
 10026

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

FCPC COMMUNITY AFFAIRS HSKP

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11AI.16631

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

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

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

70.00

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

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

FOR LINE NUMBER: PAGE 61 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. DENISE GARWOOD

Mailing Address 51 BUCHANAN PL., APT #6C

City State Zip Code
 BRONX NY 10453

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MONTEFIORE MT. VERNON HOSPITAL

Occupation
 CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16634

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. FRANK GENUNG

Mailing Address 1533 18TH AVENUE N

City State Zip Code
 LAKE WORTH FL 33460-6403

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ST. MARY MEDICAL CENTER

Occupation
 REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16636

Amount of Each Receipt this Period

400.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. JOHN GERACE

Mailing Address 4 ROSEDALE AVENUE

City State Zip Code
 NEW ROCHELLE NY 10801

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MONTEFIORE NEW ROCHELLE

Occupation
 HOUSEKEEPING WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16639

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

490.00

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

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

FOR LINE NUMBER: PAGE 62 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. JAMES GIBSON

Mailing Address 29-11 BARNS AVENUE

City State Zip Code
 BRONX NY 10467

FEC ID number of contributing
federal political committee.

C

Name of Employer
HERITAGE HEALTH & HOUSING INC.

Occupation
KITCHEN AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16642

Amount of Each Receipt this Period

70.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Priscilla Gibson

Mailing Address 410 PINE AVENUE

City State Zip Code
 Greenacres FL 33413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sodexo - Palms West Hospital

Occupation
Food / Nutrition Svc Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16644

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Robert Gibson

Mailing Address 20318 AUTUMN FERN AVENUE

City State Zip Code
 TAMAP FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Service Employees Int'l Union

Occupation
Unknown

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16646

Amount of Each Receipt this Period

130.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

215.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. CHARMAN GIBSON-SMIKLE

Mailing Address 13-36 DAVIES ROAD

City	State	Zip Code
FAR ROCKAWAY	NY	11691

FEC ID number of contributing federal political committee.

C

Name of Employer

PENINSULA CENTER FOR EXTENDED

Occupation

CERTIFIED NURSES AID

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16648

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Lisa Gifford

Mailing Address 5748 NW 47th Ct

City	State	Zip Code
Coral Springs	FL	33067-4013

FEC ID number of contributing federal political committee.

C

Name of Employer

Northwest Medical Center

Occupation

Cardiovascular ICU RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16650

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. MARY GRACE Gigante

Mailing Address 617 4TH ST

City	State	Zip Code
Lyndhurst	NJ	07071-3201

FEC ID number of contributing federal political committee.

C

Name of Employer

St Barnabas Hospital (RN)

Occupation

REGISTERED NURSE NURSING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16652

Amount of Each Receipt this Period

3.06

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

93.06

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 64 OF 182
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. KLEOPATRA GIJKOKAJ

Mailing Address 3182 PERRY AVENUE

City	State	Zip Code
BRONX	NY	10467

FEC ID number of contributing
federal political committee.

C

Name of Employer

WORKMENS CIRCLE

Occupation

REGISTERED NURSE STAFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16655

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. TIJUANA GLASCO

Mailing Address 1608 E 28TH ST

City	State	Zip Code
Baltimore	MD	21218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesis - Perring Parkway Ctr

Occupation

Aide-Housekeeping

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16657

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. JENNIFER GOLDSTON

Mailing Address 2938 RANCH HOUSE ROAD

City	State	Zip Code
WEST PALM BEACH	FL	33406

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST MARY MEDICAL CENTER

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16660

Amount of Each Receipt this Period

280.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 65 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. IVELISSE GONZALEZ

Mailing Address 2129 VIRGIL PLACE

City
BRONX

State
NY

Zip Code
10473

FEC ID number of contributing
federal political committee.

C

Name of Employer

CENTER LIGHT HEALTHCARE

Occupation

TRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16663

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. LAURA GOODWIN

Mailing Address 2155 MADISON AVE., #3C

City
NEW YORK

State
NY

Zip Code
10037

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEW YORK UNIVERSITY HOSPITAL

Occupation

1199 CONT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16666

Amount of Each Receipt this Period

140.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. VAUGHN GOODWIN

Mailing Address 5100 W. MOUNTAIN STREET
APT. 202C

City
STONE MOUNTAIN

State
GA

Zip Code
30058

FEC ID number of contributing
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

Certified Nurses Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16668

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

210.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 66 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. James Gould

Mailing Address 165 Honeysuckle Dr

City
Jupiter

State Zip Code
FL 33458-2841

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Palm Hospital

Occupation

Imaging MRI Tech Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1224.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16669

Amount of Each Receipt this Period

714.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. MICHELE GRANT

Mailing Address 834 PENFIELD STREET, #4F

City
BRONX

State Zip Code
NY 10470

FEC ID number of contributing
federal political committee.

C

Name of Employer

PROVIDENCE REST NURSING HOME

Occupation

LICENSED PRACTICAL 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 Y
12 31 2015

Transaction ID : SA11AI.16674

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Tanya Grant

Mailing Address 447 6th Avenue

City
Troy

State Zip Code
NY 12182

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16671

Amount of Each Receipt this Period

100.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

839.00

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

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

FOR LINE NUMBER: PAGE 67 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Shana GRANT-MURRELL

Mailing Address Po Box 543

City State Zip Code
Bronx NY 10458

FEC ID number of contributing federal political committee.

C

Name of Employer

Mt Sinai Hospital

Occupation

PAT CARE ASSOC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16679

Amount of Each Receipt this Period

45.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. CLIFORD GRANTHER

Mailing Address 1088 EAST 37TH STREET

City State Zip Code
BROOKLYN NY 11210

FEC ID number of contributing federal political committee.

C

Name of Employer

SERVICES FOR THE UNDERSERVED

Occupation

SERVICE WORKER-OPERATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16677

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. WILLIAM GREENE

Mailing Address 4408 BOULEYS LN

City State Zip Code
Baltimore MD 21206-6665

FEC ID number of contributing federal political committee.

C

Name of Employer

Genesis - Perring Parkway Center

Occupation

Aide-Geriatric Nurse Asst Spec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16681

Amount of Each Receipt this Period

40.00

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:
(check only one)

PAGE 68 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Camilla Greer

Mailing Address 686 Ashford Street Apt 10

City State Zip Code
 Brooklyn NY 11207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ruby Weston Manor Nursing Home

Occupation

Certified Nursing Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16683

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. PATRICIA GROGAN

Mailing Address 3673 NW 98TH TER

City State Zip Code
 CORAL SPRINGS FL 33065

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHWEST MEDICAL CENTER

Occupation

PATIENT CARE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16685

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. JULIA GUILLEARD

Mailing Address 2050 VALANTINE AVE, 7G

City State Zip Code
 BRONX NY 10458

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALLIANCE HOME SERVICES, INC.

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16688

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

100.00

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

FOR LINE NUMBER: PAGE 69 OF 182

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. MERIDANIA GUTIERREZ

Mailing Address 1990 LEXINGTON AVENUE

City	State	Zip Code
NEW YORK	NY	10035

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTER LIGHT HEALTHCAREOccupation
TRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16691

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Yolanda Guy

Mailing Address 1640 Jackson St

City	State	Zip Code
Hollywood	FL	33020-5110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aventura Hospital & Medical CenterOccupation
Clerical Specialist Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16693

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Jane Hall

Mailing Address 72 WALL STREET

City	State	Zip Code
Plattsburgh	NY	12901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Champlain Valley PhysiciansHosOccupation
MENTAL HEALTH TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16695

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

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

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

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 70 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. LUNA HARMON

Mailing Address 490 HEBERTON AVENUE

City	State	Zip Code
STATEN ISLAND	NY	10302

FEC ID number of contributing federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

HOME HEALTH ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2015					

Transaction ID : SA11AI.16697

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. DORIS HASHIM-COLE

Mailing Address 13835 CASTLE BLVD

City	State	Zip Code
SILVER SPRING	MD	20904

FEC ID number of contributing federal political committee.

C

Name of Employer

UNITED MEDICAL CENTER

Occupation

LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2015					

Transaction ID : SA11AI.16699

Amount of Each Receipt this Period

175.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. LEONARD HENDERSON

Mailing Address PO BOX 405

City	State	Zip Code
MASTIC	NY	11950

FEC ID number of contributing federal political committee.

C

Name of Employer

CEDAR LODGE NURSING HOME

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2015					

Transaction ID : SA11AI.16701

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

235.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 71 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Patricia Henriques

Mailing Address 421 NE 145TH STREET

 City
 MIAMI

 State
 FL

 Zip Code
 33161

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

OCEANSIDE EXTENDED CARE CENTER

Occupation

CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16704

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Palleater Henry

Mailing Address 107-09 219TH STREET

City

QUEENS VILLAGE

State

NY

Zip Code

11429

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Mt Sinai Hospital

Occupation

FOOD PREP G

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16709

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. YOLAND HENRY

Mailing Address 331 E. 52 STREET

City

BROOKLYN

State

NY

Zip Code

11203

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NY METHODIST HOSPITAL BROOKLYN

Occupation

NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16707

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

60.00

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

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

FOR LINE NUMBER: PAGE 72 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. CARLOTTA HENTON

Mailing Address 21-35 21ST AVENUE, APT #2F

City State Zip Code
 LONG ISLAND CITY NY 11105

FEC ID number of contributing federal political committee.

C

Name of Employer

JEWISH HOME & HOSPITAL FOR AGE

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16712

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. FLAVIA HERNANDEZ

Mailing Address 760 WORTMAN AVE., 1A

City State Zip Code
 BROOKLYN NY 11208

FEC ID number of contributing federal political committee.

C

Name of Employer

FCPC COMMUNITY AFFAIRS HSKP

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16720

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Lisa HernandezMailing Address 5121 2nd Avenue
Apt# 3B

City State Zip Code
 Brooklyn NY 11232

FEC ID number of contributing federal political committee.

C

Name of Employer

Beth Israel Medical Ctr Petrie

Occupation

Technical/Professional

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16717

Amount of Each Receipt this Period

16.70

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

56.70

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 73 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. NORA HERNANDEZ

Mailing Address 12 ERRINGTON PLACE

City	State	Zip Code
STATEN ISLAND	NY	10304

FEC ID number of contributing federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

PATIENT CARE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16714

Amount of Each Receipt this Period

80.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. MARIA HERRERA

Mailing Address 2955 8TH AVE., #22D

City	State	Zip Code
NEW YORK	NY	10039

FEC ID number of contributing federal political committee.

C

Name of Employer

PEOPLE CARE

Occupation

TTH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16723

Amount of Each Receipt this Period

240.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. David HillMailing Address 19 HAMILTON TER APT 1L
NULL

City	State	Zip Code
New York	NY	10031-6406

FEC ID number of contributing federal political committee.

C

Name of Employer

Yeshiva University

Occupation

CLERK, MAIL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16725

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

370.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 74 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. GREGORY HINES

Mailing Address 80 GUION PL, APT 10T

City	State	Zip Code
NEW ROCHELLE	NY	10801

FEC ID number of contributing federal political committee.

C

Name of Employer

MONTEFIORE NEW ROCHELLE HOSP.

Occupation

LEAD TRANSPORTER/MESSANGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16728

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. MARILYN HOILETTE

Mailing Address 100 BERENGER WALK

City	State	Zip Code
ROYAL PALM BEACH	FL	33414

FEC ID number of contributing federal political committee.

C

Name of Employer

PALMS WEST HOSPITAL

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16732

Amount of Each Receipt this Period

22.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Nafiza Hoosain

Mailing Address 20-65 Watson Ave

City	State	Zip Code
Bronx	NY	10472

FEC ID number of contributing federal political committee.

C

Name of Employer

Flushing Manor Geriatric Center-144

Occupation

Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16734

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

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

72.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 75 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

<p>Full Name (Last, First, Middle Initial) A. THOMAS HOWARD</p> <p>Mailing Address 4885 F STREET</p> <p>City WASHINGTON State DC Zip Code 20019</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer WASHINGTON CENTER AGING SERV. Occupation HOUSEKEEPING</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015</p> <p>Transaction ID : SA11AI.16737</p> <p>Amount of Each Receipt this Period 60.00</p> <p>PAYROLL DEDUCTION</p>	
<p>Full Name (Last, First, Middle Initial) B. VIVIANNE HOWELL</p> <p>Mailing Address 12313 67TH STREET N</p> <p>City WEST PALM BEACH State FL Zip Code 33412-2068</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer PALM WEST HOSPITAL Occupation REGISTERED NURSE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 480.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015</p> <p>Transaction ID : SA11AI.16739</p> <p>Amount of Each Receipt this Period 280.00</p> <p>PAYROLL DEDUCTION</p>	
<p>Full Name (Last, First, Middle Initial) C. Deloris Hudson</p> <p>Mailing Address 7 Bahia Court Trce</p> <p>City Ocala State FL Zip Code 34472-2750</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer New Horizon Rehab Center Occupation CERTIFIED NURSES AIDE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015</p> <p>Transaction ID : SA11AI.16741</p> <p>Amount of Each Receipt this Period 40.00</p> <p>PAYROLL DEDUCTION</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>380.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 76 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Zenaída Izquierdo

Mailing Address 3504 ROCHAMBEAU APT 1H

City	State	Zip Code
Bronx	NY	10467

FEC ID number of contributing federal political committee.

C

Name of Employer

1199 SEIU

Occupation

Unknown

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16743

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. CHARLES JABROUIN

Mailing Address 1136 E. 35TH STREET

City	State	Zip Code
BROOKLYN	NY	11210

FEC ID number of contributing federal political committee.

C

Name of Employer

CENTER FOR NURSING REHAB

Occupation

ENVIRONMENTAL AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2015

Transaction ID : SA11AI.16746

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. DONNA JACKSON-SMITH

Mailing Address 953 EAST 223RD STREET

City	State	Zip Code
BRONX	NY	10466

FEC ID number of contributing federal political committee.

C

Name of Employer

GLEN ISLAND CARE CENTER

Occupation

CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16749

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

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

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

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 77 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. TREVOR JACOB

Mailing Address UNKNOWN

City

State

Zip Code

UNKNOWN

FEC ID number of contributing
federal political committee.

C

Name of Employer

MONTEFIORE NEW ROCHELLE HOSP.

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11AI.16753

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. KATHERINE JAEGER

Mailing Address 2027 S. GEDDES STREET

City

State

Zip Code

SYRACUSE

NY

13207

FEC ID number of contributing
federal political committee.

C

Name of Employer

CROUSE HOSPITAL

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11AI.16755

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Jeannette James

Mailing Address 230 S 7TH AVE APT 10J

City

State

Zip Code

Mount Vernon

NY

10550-3839

FEC ID number of contributing
federal political committee.

C

Name of Employer

Glen Island Care Center

Occupation

ACTIVITIES CLERK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11AI.16757

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

110.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 78 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. TIKZUE JAMMIE

Mailing Address 260 PARKHILLE AVE, APT 4G

City State Zip Code
 STATEN ISLAND NY 10304

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 STELLA ORTON HOME CARE AGENCY HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16761

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Brenda Jeff

Mailing Address 26992 Branchtown Road

City State Zip Code
 Worton MD 21678

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Shore Nursing and Rehabilitation Cente Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16763

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. NINA JEFFERSON

Mailing Address 31 BLEEKMAN AVENUE

City State Zip Code
 MOUNT VERNON NY 10550

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 MONTEFIORE MT VERNON HOSPITAL OR TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16766

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 79 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. MICHELLE JEFFERSON-HILDALGO

Mailing Address 5 OCEAN AVENUE

 City
 MASTIC

 State
 NY

 Zip Code
 11950

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 CENTER LODGE NURSING HOME

 Occupation
 UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	5		

Transaction ID : SA11Al.16769

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. ROSELINE JEFFREY
 Mailing Address 141 PARKHILL AVENUE
 APT 6M

 City
 STATEN ISLAND

 State
 NY

 Zip Code
 10304

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 STELLA ORTON HOME CARE AGENCY

 Occupation
 PERSONAL CARE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	5		

Transaction ID : SA11Al.16771

Amount of Each Receipt this Period

27.70

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Solanges Jeune

Mailing Address 5901 GLENWOOD ROAD APT 2E

 City
 Brooklyn

 State
 NY

 Zip Code
 11234

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 Brookdale Hospital Medical Center

 Occupation
 Technician, Patient Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	5		

Transaction ID : SA11Al.16773

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

87.70

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

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

FOR LINE NUMBER:
(check only one)

PAGE 80 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. BARBARA JOHNSON

Mailing Address 1998 SE LEO LANE

City State Zip Code
 PORT SAINT LUCIE FL 34983

FEC ID number of contributing
federal political committee.

C

Name of Employer
 PALMS WEST HOSPITAL

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 Y
 12 31 2015

Transaction ID : SA11Al.16781

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. DAWN JOHNSON

Mailing Address PO BOX 100519

City State Zip Code
 STATEN ISLAND NY 10310

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CEREBRAL PALSY ASSOC. OF NYS

Occupation
 DIRECT CARE COUNSELOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11Al.16778

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Eric Johnson

Mailing Address 1834 BURTON DRIVE

City State Zip Code
 SAINT CLOUD FL 34771

FEC ID number of contributing
federal political committee.

C

Name of Employer
 OSCALA REGIONAL HOSPITAL

Occupation
 PARAMEDIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 01 2015

Transaction ID : SA11Al.16783

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 81 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. ODETTE JOHNSON

Mailing Address 3615 WILLETT AVENUE
APT. 5

City State Zip Code
BRONX NY 10467-5529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Schervier Nursing Care Center

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 Y
12 31 2015

Transaction ID : SA11AI.16775

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. ANGELA JONES

Mailing Address 156 WELLESLEY STREET

City State Zip Code
HEMPSTEAD NY 11550

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROCKAWAY HOME ATTENDANT SERV.

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.68

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16788

Amount of Each Receipt this Period

266.42

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. BUREKA JONES

Mailing Address 5634 LIVINGSTON TERRACE APT 301

City State Zip Code
OXON HILL MD 20745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Communicare - Forestville

Occupation

Geriatric Nurse Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16792

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

316.42

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

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

FOR LINE NUMBER: PAGE 82 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Johnny Jones

Mailing Address 1786 NW 53 Street

City State Zip Code
Miami FL 33142-4175

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kendall Regional Medical Ctr.

Occupation

Sanitation Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16796

Amount of Each Receipt this Period

280.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Ruby Jones

Mailing Address 17660 NW 37 AVE

City State Zip Code
Opa Locka FL 33056

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Medical Center

Occupation

PHLEBOTOMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16787

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. VELLA JONES

Mailing Address 107-129 E 126 ST, APT 7AA

City State Zip Code
NEW YORK NY 10035

FEC ID number of contributing
federal political committee.

C

Name of Employer

FCPC COMMUNITY AFFAIRS HSKP

Occupation

HOUSEKEEPING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16791

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

330.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 83 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Myriame Joseph

Mailing Address 2122 Aldrin Road

City State Zip Code
 Ocean NJ 07712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meridian Nursing & Rehab. @ Shrewsbury

Occupation

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11Al.16798

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. SARAN KABA

Mailing Address 140 PARKHILL AVENUE
 5U

City State Zip Code
 STATEN ISLAND NY 10304

FEC ID number of contributing
federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11Al.16800

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. JETTY KARPEH

Mailing Address 33 PARK HILL CT.

City State Zip Code
 STATEN ISLAND NY 10304

FEC ID number of contributing
federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

PERSONAL CARE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11Al.16802

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

80.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 84 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Navjot Kaur

Mailing Address 89-90 218th St.

City

Queens Village

State

NY

Zip Code

11427

FEC ID number of contributing
federal political committee.

C

Name of Employer

Park Ave Ext Care

Occupation

Licensed Practical Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16804

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16806

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Rolando King

Mailing Address 3054 83rd St

City

East Elmhurst

State

NY

Zip Code

11370-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer

SEIU-CC, LLC

Occupation

Director of Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16807

Amount of Each Receipt this Period

250.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

320.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 85 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. TYRELL KNOWLES

Mailing Address 35 HAWTHORNE AVE., APT 3

City State Zip Code
YONKERS NY 10701

FEC ID number of contributing
federal political committee.

C

Name of Employer
MONTEFIORE NEW ROCHELLE HOSP.

Occupation
FOOD STORES CLERK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11Al.16811

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. BRYAN KOCH

Mailing Address 3115 ROUTE 32

City State Zip Code
KINGSTON NY 12401

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDHUDSON REGIONAL HOSPITAL

Occupation
FACILITIES MECHANIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11Al.16814

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. IVAN KOLODNY

Mailing Address 390 RIVERSIDE DRIVE APT. 2C

City State Zip Code
NEW YORK NY 10025-1862

FEC ID number of contributing
federal political committee.

C

Name of Employer
NATIONAL BENEFIT FUND - 1199

Occupation
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11Al.16816

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

130.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 86 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. ANDREW KPELAPAUUE

Mailing Address 12 STEBBINS AVENUE

City

STATEN ISLAND

State

NY

Zip Code

10310

FEC ID number of contributing
federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

PERSONAL CARE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16819

Amount of Each Receipt this Period

35.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. PATRICE LAPONTE

Mailing Address 1 RICKY ROAD

City

MANORVILLE

State

NY

Zip Code

11949

FEC ID number of contributing
federal political committee.

C

Name of Employer

CEDAR LODGE NURSING HOME

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16822

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. LUIJETA LATOLLARI

Mailing Address 1920 BAY RIDGE PKWY 3

City

BROOKLYN

State

NY

Zip Code

11204

FEC ID number of contributing
federal political committee.

C

Name of Employer

BEST CARE, INC.

Occupation

HOME HEALTH AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16824

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

90.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 87 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Jacqueline Lattie

Mailing Address 100 DREISER LOOP APT 12B

City State Zip Code
 Bronx NY 10475-2649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Rest Nursing Home

Occupation

Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16827

Amount of Each Receipt this Period

5.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. SHARON LATTY

Mailing Address 1099 NE 165 TERRACE

City State Zip Code
 NORTH MIAMI BEACH FL 33162

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY HOSPITAL

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16830

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. SUSAN LEPAGE

Mailing Address 33 VIA DONATO EAST

City State Zip Code
 DEPEW NY 14043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaleida Health

Occupation

RN SPECIAL PROCEDURES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16832

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

35.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 88 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. LUELLA LEWIS

Mailing Address 116 HANCOCK ST., 3

City State Zip Code
 BROOKLYN NY 11216

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SERVICE EMPLOYEES INT'L UNION

Occupation
 UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16840

Amount of Each Receipt this Period

160.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. NIGEL LEWIS

Mailing Address 90 GRAY AVENUE

City State Zip Code
 MEDFORD NY 11763

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ST. VINCENT'S HOSPITAL

Occupation
 COUNSELOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16835

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Valarie Lewis

Mailing Address 1515 Huntington Ln

City State Zip Code
 Rockledge FL 32955-2640

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Rockledge Health & Rehab Ctr.

Occupation
 Housekeeping

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16837

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

220.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 89 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Vilma Linares-Vaughn

Mailing Address 639 West 173rd Street

City
New York

State Zip Code
NY 10033

FEC ID number of contributing
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

Unknown

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16842

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. DIAH LINCOLN

Mailing Address 320 VANDERBILT AVE, APT 1C

City
STATEN ISLAND

State Zip Code
NY 11433

FEC ID number of contributing
federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16845

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. THEODORA LOMAX

Mailing Address 33B LAUREL PLACE

City
Eatontown

State Zip Code
NJ 07724

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meridian Nursing & Rehab

Occupation

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16848

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 90 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. DERRICK LOPEZ

Mailing Address 10-10 ST. JOHNS AVE., #2

City	State	Zip Code
BRONX	NY	10455

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 MONTEFIORE MT. VERNON HOSPITAL

 Occupation
 UNKNOWN

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16851

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. DOUGLAS LOPEZ

Mailing Address 815 W 181ST ST, APT 3C

City	State	Zip Code
NEW YORK	NY	10033

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 HERITAGE HEALTH & HOUSING INC.

 Occupation
 UNKNOWN

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16854

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. JEAN CARLOS LOPEZ

Mailing Address 360 WILLIAMS AVE, #3D

City	State	Zip Code
BROOKLYN	NY	11207

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 REGO PARK NURSING HOME

 Occupation
 ACTIVITIES COORDINATOR

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16857

Amount of Each Receipt this Period

140.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

210.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 91 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Arisel LORA

Mailing Address 2380 WEBSTER AVE #2N

City State Zip Code
Bronx NY 10458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assisted Care

Occupation

Patient Care Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16859

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. ANSY LOUIS

Mailing Address 120 KENILWORTH PLACE

City State Zip Code
BROOKLYN NY 11210

FEC ID number of contributing
federal political committee.

C

Name of Employer

NY METHODIST HOSPITAL BROOKLYN

Occupation

TRANSPORTATION ASSISSTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16862

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. LORNA LUCAS

Mailing Address 1160 ROGERS AVENUE

City State Zip Code
BROOKLYN NY 11226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lutheran Medical Center

Occupation

Ward Clerk - Day

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16864

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 92 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Julius Lucero

Mailing Address 2013 East 54th street

City	State	Zip Code
Brooklyn	NY	11234

FEC ID number of contributing federal political committee.

C

Name of Employer

Brookdale Hospital Medical Ctr

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	Y	Y
12			31			2015					

Transaction ID : SA11AI.16866

Amount of Each Receipt this Period

120.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. MICHELE LYNCH

Mailing Address 32 DOLPHIN WAY

City	State	Zip Code
RIVERHEAD	NY	11901-6301

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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2015					

Transaction ID : SA11AI.16868

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. NYASHA MADDOX

Mailing Address 2733 MORRIS AVE., APT 5B

City	State	Zip Code
BRONX	NY	10468

FEC ID number of contributing federal political committee.

C

Name of Employer

CENTER LIGHT HEALTHCARE

Occupation

TRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2015					

Transaction ID : SA11AI.16871

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

190.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 93 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Mary Mallard

Mailing Address 5132 DEAL DRIVE, APT. 101

City State Zip Code
OXON HILL MD 20745

FEC ID number of contributing
federal political committee.

C

Name of Employer

United Medical Center

Occupation

Certified Nursing Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16873

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Cherryl Mandel-obrien

Mailing Address 1908 SW Beekman St

City State Zip Code
Port Saint Lucie FL 34953-1727

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Mary Medical Center

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 Y
12 31 2015

Transaction ID : SA11AI.16875

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Barbara Manea

Mailing Address 1005 SW 3rd St

City State Zip Code
Hallandale Beach FL 33009-6113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aventura Hospital & Medical Center

Occupation

Patient Care Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16877

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

130.00

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

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

FOR LINE NUMBER: PAGE 94 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Sharleen Aquilla Marsh

Mailing Address 430 NW 48th Ter

City

Plantation

State

FL

Zip Code

33317-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westside Regional Medical

Occupation

Patient Care Ass I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16879

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. JEREMY MARTINEZ

Mailing Address 1574 40TH ST., APT 2R

City

BROOKLYN

State

NY

Zip Code

11218

FEC ID number of contributing
federal political committee.

C

Name of Employer

NY METHODIST HOSPITAL BROOKLYN

Occupation

TRANSPORTATION ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16886

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. JUANA MARTINEZ

Mailing Address 217 DRAKE AVE, 5G

City

NEW ROCHELLE

State

NY

Zip Code

10805

FEC ID number of contributing
federal political committee.

C

Name of Employer

NY METHODIST HOSPITAL BROOKLYN

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16882

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
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 95 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. VERONICA MARTINEZ

Mailing Address 123 6TH AVENUE

City

LONG BRANCH

State

NJ

Zip Code

07740

FEC ID number of contributing
federal political committee.

C

Name of Employer

MERIDIAN NURSING & REHAB

Occupation

CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16889

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. ANDY ALBERTO MARTINEZ-ARCHIVOLD

Mailing Address 2185 VALENTINE AVENUE

City

BRONX

State

NY

Zip Code

10457

FEC ID number of contributing
federal political committee.

C

Name of Employer

MONTEFIORE NEW ROCHELLE HOSP

Occupation

ENVIRONMENTAL AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16892

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Betsy Marville

Mailing Address 9914 62nd Ter S

Apt B

City

Boynton Beach

State

FL

Zip Code

33437-2871

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.16893

Amount of Each Receipt this Period

600.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

680.00

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

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

FOR LINE NUMBER: PAGE 96 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. BENSON MATHEW

Mailing Address UNKNOWN

City State Zip Code
 UNKNOWN

FEC ID number of contributing federal political committee.

C

Name of Employer

1199 SEIU

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16895

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Gladly Mathew

Mailing Address 190 Edgewood Ave, Apt #2

City State Zip Code
 Yonkers NY 10704

FEC ID number of contributing federal political committee.

C

Name of Employer

St John's Riverside Hospital

Occupation

Certified Nursing Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16897

Amount of Each Receipt this Period

100.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. FAY MCALLISTER

Mailing Address 1577 LINCOLN PLACE

City State Zip Code
 BROOKLYN NY 11233

FEC ID number of contributing federal political committee.

C

Name of Employer

HAMILTON PARK NURSING & REHAB

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16903

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

180.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 97 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. PATRICK MCCABE

Mailing Address 38 ASHCROFT ROAD

 City
 MEDFORD

 State
 MA

 Zip Code
 02155

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

1199 SEIU

Occupation

PROJECT COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16905

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. MICHELLE MC CULLOUGH

Mailing Address 920 E 6TH STREET

 City
 NEW YORK

 State
 NY

 Zip Code
 10009

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

HERITAGE HEALTH & HOUSING, INC

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16900

Amount of Each Receipt this Period

60.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Jasmine McKenzie

Mailing Address 94-23 212 Place

 City
 Queens Village

 State
 NY

 Zip Code
 11428

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Mt Sinai Hospital of Queens

Occupation

DIETARY AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16907

Amount of Each Receipt this Period

250.00

PAYROLL DEDUCTION

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

350.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 98 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Susane McKenzie

Mailing Address 268 Wainwright Street

City

Newark

State

NJ

Zip Code

07112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morris Hills (Genesis)

Occupation

CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.16909

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. James Mcknight

Mailing Address 2003 AGATE STREET

City

Orlando

State

FL

Zip Code

34744

FEC ID number of contributing
federal political committee.

C

Name of Employer

Osceola Regional Hospital

Occupation

OR Aiide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.16911

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. SARAH MCLELLAN

Mailing Address 268 NO. OGDEN LOWER

City

BUFFALO

State

NY

Zip Code

14212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Absolut Ctr Nsg & Rehab Orchar

Occupation

NURSES CERTIFIED AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.16913

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

110.00

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

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

FOR LINE NUMBER: PAGE 99 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Tracy MCPHERSON-BROWN

Mailing Address 314 EAST 49TH STREET

City State Zip Code
 Brooklyn NY 11203

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Brookdale Hospital Medical Center

Occupation
 Patient Service Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16915

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Katherine Medina

Mailing Address 1228 SOUTH STREET

City State Zip Code
 Utica NY 13501

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Masonic Care Community

Occupation
 Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16918

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. VETA MEDWYK

Mailing Address 782 NW 42ND PLACE

City State Zip Code
 POMPANO BEACH FL 33064

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NORTHWEST MEDICAL CENTER

Occupation
 REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16923

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 100 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. LUCILLE MEGGISON

Mailing Address 24B GLEN KEITH RD

City

Glen Cove

State

NY

Zip Code

11542-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rite Aid

Occupation

CASHIER/CLERK

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16920

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. ADELE MILLER

Mailing Address P.O. BOX 308

City

EAST MARION

State

NY

Zip Code

11939-0308

FEC ID number of contributing
federal political committee.

C

Name of Employer

EASTERN LONG ISLAND HOSPITAL

Occupation

CONTACT ADMINISTRATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16925

Amount of Each Receipt this Period

110.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Natalie Miller

Mailing Address 108 Moffat St

City

Brooklyn

State

NY

Zip Code

11207-1421

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAGNY - Harlem Hosp Columbia Univ Affi

Occupation

Unknown

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.16927

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

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 101 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Stacey Millman

Mailing Address PO BOX 74

City State Zip Code
COCHECTON NY 12726

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
National Benefit Fund-1199 Chief Communication Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16930

Amount of Each Receipt this Period

300.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Rose Mitchell

Mailing Address 219 Mississippi

City State Zip Code
Atlantic City NJ 08401-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Galloway Healthcare Svcs. Unknown

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16932

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. IRINA MOISEEVA

Mailing Address 100 HAROLD STREET, #PH

City State Zip Code
STATEN ISLAND NY 10314

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
STELLA ORTON HOME CARE AGENCY HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16935

Amount of Each Receipt this Period

17.50

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

357.50

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

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

FOR LINE NUMBER:
(check only one)

PAGE 102 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. JALEESA MONROE

Mailing Address 348 RAILROAD AVENUE

City State Zip Code
 CENTER MORICHES NY 11934

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CEDAR LODGE NURSING HOME

Occupation
 UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16937

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. LUZ MONTANEZ

Mailing Address 264-18TH STREET

City State Zip Code
 BROOKLYN NY 11215

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NY METHODIST HOSPITAL BROOKLYN

Occupation
 UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16941

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. CARMEN MONTILLA

Mailing Address 305 EAST 171 ST., APT #1B

City State Zip Code
 BRONX NY 10457

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ALLIANCE HOME SERVICES INC.

Occupation
 HOME ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16942

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 103 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. CONSUELO MORA-MCLAUGHLIN

Mailing Address 851 Springfield Avenue

City
SUMMITState Zip Code
NJ 07901FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia University-SSAOccupation
RESEARCH WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16949

Amount of Each Receipt this Period

240.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. JULIETA MORAIS

Mailing Address 20 PORACH ST., #3B

City
YONKERSState Zip Code
NY 10703FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. JOHN'S RIVESIDE HOSPITALOccupation
AIDE DIETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16947

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. SHAMEEKA MORRIS

Mailing Address 644 CARY AVENUE

City
STATEN ISLANDState Zip Code
NY 10310FEC ID number of contributing
federal political committee.

C

Name of Employer
BEST CARE INC.Occupation
HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16952

Amount of Each Receipt this Period

70.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 104 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Michele Moscova

Mailing Address 808 Malibu Drive

City
Silver SpringState Zip Code
MD 20903FEC ID number of contributing
federal political committee.

C

Name of Employer
United Medical CenterOccupation
CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16954

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. BARBARA Mothersill

Mailing Address 1169 Hampton Blvd

City
North LauderdaleState Zip Code
FL 33068-5311FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Medical CenterOccupation
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16956

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. WINIFRED MULBAHMailing Address 55 BOWEN STREET
402City
STATEN ISLANDState Zip Code
NY 10304FEC ID number of contributing
federal political committee.

C

Name of Employer
STELLA ORTON HOME CARE AGENCYOccupation
PERSONAL CARE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16958

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

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

130.00

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

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

FOR LINE NUMBER: PAGE 105 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Melanie Myers

Mailing Address 190 Clay Cut Cir

City State Zip Code
Haines City FL 33844-8700

FEC ID number of contributing federal political committee.

C

Name of Employer
Osceola Regional Hospital

Occupation
Unit Seceretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16960

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. KATHLEEN NAJAB

Mailing Address 460 GRANT STREET, APT 3L

City State Zip Code
BROOKLYN NY 11208

FEC ID number of contributing federal political committee.

C

Name of Employer
LUTHERINE MEDICAL CENTER

Occupation
PATIENT CARE TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16963

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. NEONDRA NAVARRO

Mailing Address 5 WHELAN PL., APT 307

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer
MONTEFIORE MT VERNON HOSPITAL

Occupation
UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 15 2015

Transaction ID : SA11AI.16966

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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 106 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. ANGELICA NAVENTA
 Mailing Address 207 DIXON AVENUE
 1FL

 City State Zip Code
 STATEN ISLAND NY 10303

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16968

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. EMAD NAZIR

Mailing Address

City State Zip Code

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

MONTEFIORE MT VERNON HOSPITAL

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16971

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Khady Ndiaye

Mailing Address 2558 Hone Ave

 City State Zip Code
 Bronx NY 10469

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Workmens Circle

Occupation

Certified Nursing Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16973

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 107 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Roxey Nelson
 Mailing Address 6500 Main Street
 Apt. 303

City	State	Zip Code
Miami Lakes	FL	33014

FEC ID number of contributing federal political committee.

C

Name of Employer

1199 SEIU

Occupation

POLITICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16977

Amount of Each Receipt this Period

200.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Tracy Nelson

Mailing Address 6451 Preakness Dr

City	State	Zip Code
Orlando	FL	32818-1742

FEC ID number of contributing federal political committee.

C

Name of Employer

Central Florida Hospital Svc & Tech

Occupation

FANS Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16975

Amount of Each Receipt this Period

364.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. DENISE NEWSONE

Mailing Address 66 WILLIAMS AVE., #1E

City	State	Zip Code
BROOKLYN	NY	11207

FEC ID number of contributing federal political committee.

C

Name of Employer

BHRAGS HOME CARE-HA

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16980

Amount of Each Receipt this Period

400.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

964.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 108 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Jeannine Offord

Mailing Address 155 ARTIST LAKE DRIVE

City State Zip Code
MIDDLE ISLAND NY 11953

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cedar Lodge Nursing Home

Occupation

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16981

Amount of Each Receipt this Period

260.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. DANIEL OFORI

Mailing Address 48 SPARTAN AVE
448

City State Zip Code
STATEN ISLAND NY 10303

FEC ID number of contributing
federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

HOME HEALTH ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16983

Amount of Each Receipt this Period

22.70

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. ADENIKE OLUWAYOSE

Mailing Address UNKNOWN

City State Zip Code
UNKNOWN

FEC ID number of contributing
federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

PERSONAL CARE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.59

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.16985

Amount of Each Receipt this Period

41.59

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

324.29

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

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

FOR LINE NUMBER:
(check only one)

PAGE 109 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Dinorah Ortega

Mailing Address 362 SUTTER AVE APT 6D

City State Zip Code
 Brooklyn NY 11212

FEC ID number of contributing
federal political committee.

C

Name of Employer

B.H.R.A.G.S. Home Care-HA

Occupation

Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16987

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. ZITA ORTIZ

Mailing Address 116 ADDISON PLACE

City State Zip Code
 MEDFORD NY 11763

FEC ID number of contributing
federal political committee.

C

Name of Employer

CEDAR LODGE NURSING HOME

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16989

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. ADEKUNKLE OWOLABI

Mailing Address 141 PINE PLACE, #1

City State Zip Code
 STATEN ISLAND NY 10304

FEC ID number of contributing
federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

PERSONAL CARE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.16992

Amount of Each Receipt this Period

250.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

310.00

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

FOR LINE NUMBER: PAGE 110 OF 182

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. TAMARA PADEN

Mailing Address 3764 BRONX BLVD., APT #2B

City	State	Zip Code
BRONX	NY	10467

FEC ID number of contributing
federal political committee.

C

Name of Employer

TERRACE HEALTHCARE CENTER

Occupation

LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16995

Amount of Each Receipt this Period

5.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. JANEIRO PADGETT

Mailing Address 2227 14TH ST, NE

City	State	Zip Code
WASHINGTON	DC	20018

FEC ID number of contributing
federal political committee.

C

Name of Employer

WASHINGTON CTR FOR AGING SERV.

Occupation

FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.16998

Amount of Each Receipt this Period

60.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. BARBARA PARKER

Mailing Address 2902 E MONUMENT STREET

City	State	Zip Code
BALTIMORE	MD	21207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rock Glen Nursing and Rehabilitation C

Occupation

DIETARY STAFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.17002

Amount of Each Receipt this Period

10.00

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:
 (check only one)

PAGE 111 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Christine PARKER

Mailing Address 11 GREENBURY CT

 City
 Baltimore

 State
 MD

 Zip Code
 21207-5426

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Genesis - Perring Parkway Center

Occupation

Aide-Dietary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2015					

Transaction ID : SA11AI.17000

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. DAPHNE PARKES

Mailing Address 110 ARLINGTON PLACE

City

STATEN ISLAND

State

NY

Zip Code

10303

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2015					

Transaction ID : SA11AI.17004

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. JOSEPH FRANVIE A PAZ

Mailing Address 16 TULIP STREET

City

BERGENFIELD

State

NJ

Zip Code

07621

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

WORKMENS CIRCLE

Occupation

REGISTERED NURSE STAFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2015					

Transaction ID : SA11AI.17006

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. SABRINA PEDDLAR

Mailing Address 2184 LIGHT STREET

City	State	Zip Code
BRONX	NY	10466

FEC ID number of contributing federal political committee.

C

Name of Employer

WORKMENS CIRCLE

Occupation

SOCIAL WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.17009

Amount of Each Receipt this Period

45.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. TERESA PEGURO ORTEGA

Mailing Address 1001 GRAND CONCOURSE, #1H

City	State	Zip Code
BRONX	NY	10452

FEC ID number of contributing federal political committee.

C

Name of Employer

ALLIANCE HOME SERVICES INC.

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.17012

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. JOSEPH PEREZ

Mailing Address 173-17 89TH AVE, 1A

City	State	Zip Code
JAMAICA	NY	11432

FEC ID number of contributing federal political committee.

C

Name of Employer

NY METHODIST HOSPITAL BROOKLYN

Occupation

DIETARY AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.17017

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

95.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 113 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Maria Perez

Mailing Address 455 OCEAN AVE #5C

City State Zip Code
 Brooklyn NY 11226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Best Care, INC.

Occupation

Patient Care Asssistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17014

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. MARIA PEREZ

Mailing Address 1274 SW 71ST TER.

City State Zip Code
 NORTH LAUDERDALE FL 33068

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY HOSPITAL

Occupation

PATIENT CARE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17020

Amount of Each Receipt this Period

80.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. CHITRAWATTEE PERSAUD

Mailing Address 853 CRANFORD AVENUE

City State Zip Code
 BRONX NY 10466

FEC ID number of contributing
federal political committee.

C

Name of Employer

BEST CARE, INC.

Occupation

HOME HEALTH AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17022

Amount of Each Receipt this Period

230.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

320.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 114 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Johanna Phillips

Mailing Address 1002 SE 10th St

City

Deerfield Beach

State

FL

Zip Code

33441-5720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Medical Center

Occupation

Ultrasound Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17027

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. SHAUN PHILLIPS

Mailing Address 614 EAST 84TH STREET

City

BROOKLYN

State

NY

Zip Code

11236

FEC ID number of contributing
federal political committee.

C

Name of Employer

NY METHODIST HOSPITAL BROOKLYN

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17025

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. ROBERTO PINA

Mailing Address 2439 PITKIN AVENUE

City

BROOKLYN

State

NY

Zip Code

11208

FEC ID number of contributing
federal political committee.

C

Name of Employer

NY METHODIST HOSPITAL BROOKLYN

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.60

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17030

Amount of Each Receipt this Period

113.60

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

153.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 115 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Neka Pinkney

Mailing Address 1165 Golden Lakes Blvd, Apt 1225

City State Zip Code
West Palm Beach FL 33411-3390

FEC ID number of contributing
federal political committee.

C

Name of Employer
Courtyard Gardens - Jupiter

Occupation
Floor Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17032

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. ERENIA PIO

Mailing Address 2167 BELMONT AVENUE

City State Zip Code
BRONX NY 10457

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALLIANCE HOME SERVICES INC.

Occupation
HOME ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17035

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. NINA PONOMARENKO

Mailing Address 104 RUSSELL STREET

City State Zip Code
STATEN ISLAND NY 10308

FEC ID number of contributing
federal political committee.

C

Name of Employer
STELLA ORTON HOME CARE AGENCY

Occupation
HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17037

Amount of Each Receipt this Period

5.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

75.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 116 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Ruth Poppke

Mailing Address 3281 Painters St

City

Spring Hill

State

FL

Zip Code

34606-2816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spring Hill Health & Rehab Center

Occupation

Certified Nursing Assistant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17039

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Feurtado Powell

Mailing Address 143-15 180TH STREET

City

Jamaica

State

NY

Zip Code

11434

FEC ID number of contributing
federal political committee.

C

Name of Employer

Margaret Tietz Center Nurs.

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 Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17044

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. JENEVA POWELL

Mailing Address 3328 BARKER AVE, 2ND FL.

City

BRONX

State

NY

Zip Code

10467

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALLIANCE HOME SERVICES INC

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17042

Amount of Each Receipt this Period

30.00

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:
 (check only one)

PAGE 117 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Debra Pucci

Mailing Address 888 Union St

City

Brooklyn

State

NY

Zip Code

11215-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthcare Education Project (H.E.P.)

Occupation

DIRECTOR

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2015					

Transaction ID : SA11AI.17049

Amount of Each Receipt this Period

300.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Joshua Puella

Mailing Address 35-43 84TH ST, APT 100

City

JACKSON HEIGHTS

State

NY

Zip Code

11372

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEW YORK PRESBYTERIAN-QUEENS

Occupation

TRANSPORTER

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2015					

Transaction ID : SA11AI.17046

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Bryan Putman

Mailing Address 14156 Crane Ter

City

Clearwater

State

FL

Zip Code

33762-4503

FEC ID number of contributing
federal political committee.

C

Name of Employer

St.Petersburg General Svc & Tech

Occupation

Histology Aide

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2015					

Transaction ID : SA11AI.17048

Amount of Each Receipt this Period

375.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

695.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 118 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Michelle Radecki

Mailing Address 6818 16th Ave

City

Brooklyn

State

NY

Zip Code

11204-5042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hamilton Park Nursing & Rehab

Occupation

Dietary Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17052

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. AMINA RAHMAN

Mailing Address 3683 HARPER AVENUE, #PH

City

BRONX

State

NY

Zip Code

10466

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALLIANCE HOME SERVICES INC

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17055

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. SANJIDA RASHID

Mailing Address 97-05 25TH AVENUE #1

City

East Elmhurst

State

NY

Zip Code

11369-1638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rite Aid

Occupation

Wellness Ambassador

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17057

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 119 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Darryl Reevey

Mailing Address 95 RICHARD AVE., APT #14

City State Zip Code
EATONTOWN NJ 07724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meridian Nursing & Rehab.

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 Y
12 31 2015

Transaction ID : SA11AI.17059

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. CURTIS RICE

Mailing Address 9911 OLD FORT

City State Zip Code
FORT WASHINGTON DC 20744

FEC ID number of contributing
federal political committee.

C

Name of Employer
WASHINTON CENTER FOR AGING

Occupation
FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17066

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. ALTHEA RICHARDSON

Mailing Address 1547 COMMONWEALTH, #C3

City State Zip Code
BRONX NY 10460

FEC ID number of contributing
federal political committee.

C

Name of Employer
FCPC COMMUNITY AFFAIRS

Occupation
HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17071

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 120 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. SANDRA RICHARDSON

Mailing Address 1318 EAST 33RD STREET

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11Al.17068

Amount of Each Receipt this Period

60.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Marcia Ridgell

Mailing Address 9612 Lily Bank Ct

City

Riviera Beach

State

FL

Zip Code

33407-1134

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Boca Medical Center

Occupation

REGISTERED NURSE SPECIALTY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11Al.17073

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. FRANCESCA ROBINSON

Mailing Address 602 NW HAMILTON STREET

City

WASHINGTON

State

DC

Zip Code

20011

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNITED MEDICAL CENTER

Occupation

UNKNOWN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11Al.17076

Amount of Each Receipt this Period

50.00

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 121 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Roosevelt Roche

Mailing Address 1931 NE 178th St

City

North Miami Beach

State

FL

Zip Code

33162-2207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palms West Hospital

Occupation

Unknown

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.17078

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. FROILAN RODRIGUEZ

Mailing Address 1655 MONROE AVENUE, APT #1G

City

BRONX

State

NY

Zip Code

10457

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALLIANCE HOME SERVICES INC

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.17081

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. KIMBERLY RODRIGUEZ

Mailing Address 1711 ZEREGA AVE., APT 2F

City

BRONX

State

NY

Zip Code

10462

FEC ID number of contributing
federal political committee.

C

Name of Employer

MONTEFIORE HOSPITAL

Occupation

SECRETARY

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.17084

Amount of Each Receipt this Period

20.00

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 122 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. FLOR ROMAN

Mailing Address 356 SOUTH 1, ST #26

City State Zip Code
 BROOKLYN NY 11211

FEC ID number of contributing federal political committee.

C

Name of Employer

BEST CARE INC

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17087

Amount of Each Receipt this Period

5.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Adalgiza Romero De Chevalier

Mailing Address 11305 101 AVE APT 2R

City State Zip Code
 Queens NY 11419

FEC ID number of contributing federal political committee.

C

Name of Employer

People Care

Occupation

THH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17089

Amount of Each Receipt this Period

5.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. JOHN RUSINKO

Mailing Address P.O. BOX 395

City State Zip Code
 SWAN LAKE NY 12783-0395

FEC ID number of contributing federal political committee.

C

Name of Employer

Catskill Regional Medical Center

Occupation

MAINTENANCE MECHANIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17091

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

30.00

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

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

FOR LINE NUMBER: PAGE 123 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17093

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Monica Russo

Mailing Address 11 NW 154th Street

City State Zip Code
Miami FL 33169

FEC ID number of contributing
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17094

Amount of Each Receipt this Period

420.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. ROCHELLE SALCEDO

Mailing Address 2351 APACHE DRIVE

City State Zip Code
MELBOURNE FL 32935

FEC ID number of contributing
federal political committee.

C

Name of Employer

PALMS REHAB & HEALTHCARE CTR

Occupation

CERTIFIED NURSES AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17097

Amount of Each Receipt this Period

130.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

570.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 124 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. VALERIE SALGADO

Mailing Address 920 METCALF AVE., APT #16D

City State Zip Code
 BRONX NY 10473

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MONTEFIORE NEW ROCHELLE HOSP.

Occupation
 UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17100

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. ELIZABETH SAMUEL

Mailing Address 185 PARKHLL AVENUE
 5-F

City State Zip Code
 STATEN ISLAND NY 10304

FEC ID number of contributing
federal political committee.

C

Name of Employer
 STELLA ORTON HOME CARE AGENCY

Occupation
 PERSONAL CARE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17102

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. ESTELA SANTANA

Mailing Address 47 FORT WASHINGTON, APT #64

City State Zip Code
 NEW YORK NY 10032

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ALLIANCE HOME SERVICES INC

Occupation
 HOME ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17107

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

110.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 125 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

<p>Full Name (Last, First, Middle Initial) A. SALUSTIANA SANTANA</p> <p>Mailing Address 36 ARDEN STREET APT. 4E</p> <p>City NEW YORK State NY Zip Code 10040</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer BEST CARE, INC. Occupation HOME HEALTH AIDE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 420.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015</p> <p>Transaction ID : SA11AI.17104</p> <p>Amount of Each Receipt this Period 220.00</p> <p>PAYROLL DEDUCTION</p>
<p>Full Name (Last, First, Middle Initial) B. Jorge Santos</p> <p>Mailing Address 300-02 east 138th street</p> <p>City Bronx State NY Zip Code 10454</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer A.R.E.B.A. Casriel Inc. Occupation Nurse Assistant</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 203.06</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015</p> <p>Transaction ID : SA11AI.17109</p> <p>Amount of Each Receipt this Period 3.06</p> <p>PAYROLL DEDUCTION</p>
<p>Full Name (Last, First, Middle Initial) C. Grace Sapini</p> <p>Mailing Address P. O. BOX 1895</p> <p>City Baldwin State NY Zip Code 11510</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Long Island Jewish Medical Ctr Occupation Patient Care Assistant</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015</p> <p>Transaction ID : SA11AI.17111</p> <p>Amount of Each Receipt this Period 10.00</p> <p>PAYROLL DEDUCTION</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>233.06</p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 126 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Harriet Sausner

Mailing Address 8180 CLEARY BLVD, APT 1802

City	State	Zip Code
FORT LAUDERDALE	FL	33324

FEC ID number of contributing federal political committee.

C

Name of Employer

1199 SEIU

Occupation

FINANCE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.17113

Amount of Each Receipt this Period

200.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. MACDONALD SAWYERMailing Address 320 VANDERBILT AVENUE
6L

City	State	Zip Code
STATEN ISLAND	NY	10304

FEC ID number of contributing federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

PERSONAL CARE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.17115

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Patricia Scott

Mailing Address 75 Ellwood Street # 4 K

City	State	Zip Code
New York	NY	10040

FEC ID number of contributing federal political committee.

C

Name of Employer

Lenox Hill Hospital

Occupation

Dietary Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.17117

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

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

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

235.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 127 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. MARGUERITE SEIDE

Mailing Address UNKNOWN

 City State Zip Code
 UNKNOWN

FEC ID number of contributing federal political committee.

C

Name of Employer

UNKNOWN

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17120

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. GREGORY SELLE

Mailing Address 28 TROW BLVD.

 City State Zip Code
 RED HOOK NY 12571

FEC ID number of contributing federal political committee.

C

Name of Employer

FERNCLIFF NURSING HOME

Occupation

FOOD SERVICE AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17123

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. SVETLANA SEMKOVA

Mailing Address 40 BRIGHTON 1ST ROAD, #17M

 City State Zip Code
 BROOKLYN NY 11235

FEC ID number of contributing federal political committee.

C

Name of Employer

SS. JOACHIM & ANN RESIDENCE

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 Y Y
 12 31 2015

Transaction ID : SA11AI.17126

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

60.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 128 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. MARILYN SHADE

Mailing Address 559 ELTON STREET

City State Zip Code
BROOKLYN NY 11208

FEC ID number of contributing federal political committee.

C

Name of Employer

PARTNERS IN CARE

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17128

Amount of Each Receipt this Period

100.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Brendan Shaw

Mailing Address 297 Driggs Avenue #2B

City State Zip Code
Brooklyn NY 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17129

Amount of Each Receipt this Period

250.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Rita Shevich

Mailing Address 418 GREELY AVE

City State Zip Code
Staten Island NY 10306

FEC ID number of contributing federal political committee.

C

Name of Employer

Stella Orton Home Care Agency

Occupation

Patient Care Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17131

Amount of Each Receipt this Period

230.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

580.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 129 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. NEVA SHILLINGFORD

Mailing Address 952 E 218TH STREET

City
BRONX

State
NY

Zip Code
10469-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17133

Amount of Each Receipt this Period

300.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. LUCY SHINGLES

Mailing Address 1020 26th St

City
Orlando

State
FL

Zip Code
32805-5433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parks Health Care & Rehab.

Occupation

CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17135

Amount of Each Receipt this Period

60.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. EBENEZER SIEBO

Mailing Address 124 B PROSPECT STREET

City
STATEN ISLAND

State
NY

Zip Code
10304

FEC ID number of contributing
federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

PERSONAL CARE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17137

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

380.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 130 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. SAMUEL SIERRA

Mailing Address 1859 MADISON STREET APT 3R

City
RIDGEWOOD

State
NY

Zip Code
11385-3804

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17139

Amount of Each Receipt this Period

130.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. CAROL SINGH

Mailing Address 3105 AVE D
APT 2D

City

BROOKLYN

State

NY

Zip Code

11226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Home Care Svc Independ. Living

Occupation

PATIENT CARE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17141

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Donna Sisk

Mailing Address 3700 38th Ave N

City

Saint Petersburg

State

FL

Zip Code

33713-1354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lexington Health & Rehab Center

Occupation

Restorative Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17143

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

190.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 131 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. SANDRA SMITH

Mailing Address 3537 DERIEMER AVENUE

City
BRONXState
NYZip Code
10466FEC ID number of contributing
federal political committee.

C

Name of Employer

MONTEFIORE HOSPITAL

Occupation

NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11Al.17145

Amount of Each Receipt this Period

100.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Norma Smith-Kelly

Mailing Address 3452 Corsa Ave

City
BronxState
NYZip Code
10469FEC ID number of contributing
federal political committee.

C

Name of Employer

Workmens Circle

Occupation

CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11Al.17147

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. LOUIS SNYDERMailing Address 160 PARKHILL AVENUE
6XCity
STATEN ISLANDState
NYZip Code
10304FEC ID number of contributing
federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11Al.17149

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

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

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

140.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 132 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Tatiana Soini

Mailing Address 4800 NW 24th Ct

City

Lauderdale Lakes

State

FL

Zip Code

33313-3355

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palms West Hospital

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17151

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. KATHLEEN SOLERO-MILLER

Mailing Address 134 BAY 37TH STREET

City

BROOKLYN

State

NY

Zip Code

11214

FEC ID number of contributing
federal political committee.

C

Name of Employer

LUTHERINE MEDICAL CENTER

Occupation

PATIENT SERVICE ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17155

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. ROHAN SOOKNANAN

Mailing Address 5214 AVENUE H

City

BROOKLYN

State

NY

Zip Code

11234

FEC ID number of contributing
federal political committee.

C

Name of Employer

NY METHODIST HOSPITAL BROOKLYN

Occupation

STOREROOM CLERK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17158

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 133 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. NOEL SOTO

Mailing Address 61 NORTH BURGER AVE.

City	State	Zip Code
STATEN ISLAND	NY	10310

FEC ID number of contributing federal political committee.

C

 Name of Employer
 NY METHODIST HOSPITAL BROOKLYN

 Occupation
 ENVIORNMENTAL AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.17161

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Colleen Springer

Mailing Address 1228 E 35 St.

City	State	Zip Code
Brooklyn	NY	11210

FEC ID number of contributing federal political committee.

C

 Name of Employer
 NY Community Hosp of Brooklyn

 Occupation
 Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.17163

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. LUDMILA STARBUCKMailing Address 1230 AVENUE X
APT. 1E

City	State	Zip Code
BROOKLYLN	NY	11235

FEC ID number of contributing federal political committee.

C

 Name of Employer
 BEST CARE, INC.

 Occupation
 HOME HEALTH AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.17165

Amount of Each Receipt this Period

240.00

PAYROLL DEDUCTION

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

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

260.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 134 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Heidi Stevens

Mailing Address 2032 STATE ROUTE 374

City State Zip Code
ELLENBURG DEPOT NY 12935

FEC ID number of contributing
federal political committee.

C

Name of Employer

Champlain Valley Physicians

Occupation

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17167

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Ruby Stewart

Mailing Address 680 East 224th St.

City State Zip Code
Bronx NY 10466

FEC ID number of contributing
federal political committee.

C

Name of Employer

Terrace Healthcare Center

Occupation

Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17169

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. YVETTE SWEENEY

Mailing Address 1064 CARROLL PL., #4C

City State Zip Code
BRONX NY 10456

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALLIANCE HOME SERVICES INC

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17172

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 135 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. WILLOMINA TARNVE
 Mailing Address 260 PARKHILL AVENUE
 3-V

City	State	Zip Code
STATEN ISLAND	NY	10304

FEC ID number of contributing federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

PERSONAL CARE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.17174

Amount of Each Receipt this Period

45.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Jennifer Tatum

Mailing Address 1541 West 16 Street

City	State	Zip Code
Riviera Beach	FL	33404

FEC ID number of contributing federal political committee.

C

Name of Employer

Sodexo - Palms West Hospital

Occupation

Housekeeper

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.17176

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. NELCIDA TAVAREZ

Mailing Address 108-02 159TH ST., #2D

City	State	Zip Code
JAMAICA	NY	11433

FEC ID number of contributing federal political committee.

C

Name of Employer

FCPC COMMUNITY AFFAIRS

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.17179

Amount of Each Receipt this Period

10.00

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:
 (check only one)

PAGE 136 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. DOREEN TAY
 Mailing Address 2320 BRONX PARK EAST
 APT 6A

City	State	Zip Code
BRONX	NY	10467

FEC ID number of contributing federal political committee.

C

Name of Employer

BAY PARK CENTER FOR NURSING

Occupation

CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.17180

Amount of Each Receipt this Period

260.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. ROCCIO TAYLOR

Mailing Address 436 EASTERN PARKWAY, APT 3I

City	State	Zip Code
BROOKLYN	NY	11225

FEC ID number of contributing federal political committee.

C

Name of Employer

LUTHERAN MEDICAL CENTER

Occupation

MEDICAL ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.17182

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. IYESHA TEEL

Mailing Address 147-07 249TH STREET

City	State	Zip Code
ROSEDALE	NY	11422

FEC ID number of contributing federal political committee.

C

Name of Employer

NY METHODIST HOSPITAL BROOKLYN

Occupation

TELEPHONE OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.17185

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

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

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

310.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 137 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. DANIELLE G. Tennant

Mailing Address 13003 NW 22 AVE

City
Miami

State Zip Code
FL 33167

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Medical Center

Occupation

REGISTERED NURSE SPECIALTY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17187

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. ANGELA THOMAS

Mailing Address 1 HARRISON ST, APT 3D

City

NEW ROCHELLE

State Zip Code
NY 10801

FEC ID number of contributing
federal political committee.

C

Name of Employer

MONTEFIORE NEW ROCHELLE HOSP

Occupation

UNIT CLERK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17193

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. GLORIA THOMAS

Mailing Address 1315 EASTERN PARKWAY, #1A

City

BROOKLYN

State Zip Code
NY 11233

FEC ID number of contributing
federal political committee.

C

Name of Employer

NOSTRAND CTR NURSING & REHAB

Occupation

MEDICAL LIAISON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17189

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 138 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. CLARE THOMPSON

Mailing Address 1075 ANNA STREET

City

TEANECK

State

NJ

Zip Code

07666-4806

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17195

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. SANDRA TILLMAN

Mailing Address 4110 Walrad Street

City

BALTIMORE

State

MD

Zip Code

21229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rock Glen Nursing and Rehabilitation C

Occupation

DIETARY STAFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17197

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. PAULA TKACHMAN

Mailing Address 117 LACONIA AVENUE

City

STATEN ISLAND

State

NY

Zip Code

10305

FEC ID number of contributing
federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

PERSONAL CARE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.70

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17199

Amount of Each Receipt this Period

22.70

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

82.70

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

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

FOR LINE NUMBER:
(check only one)

PAGE 139 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. PAULETTE TRICE

Mailing Address 7570 COURTYARD RUN E

City State Zip Code
 BOCA RATON FL 33433

FEC ID number of contributing
federal political committee.

C

Name of Employer

PALMS WEST HOSPITAL

Occupation

CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17202

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. LORNA TROWERS

Mailing Address 1470 ST. JOHN PLACE
 4D

City State Zip Code
 BROOKLYN NY 11213

FEC ID number of contributing
federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

PERSONAL CARE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17205

Amount of Each Receipt this Period

22.70

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Veronica Turner-Biggs

Mailing Address 397 Prospect St

City State Zip Code
 Brockton MA 02301

FEC ID number of contributing
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17207

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

82.70

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

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

FOR LINE NUMBER:
(check only one)

PAGE 140 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. SHARON UDELL

Mailing Address 8393 SLAYTON SETTLEMENT RD

City State Zip Code
GASPORT NY 14067

FEC ID number of contributing
federal political committee.

C

Name of Employer

MT. ST. MARY'S

Occupation

MEDICAL SURGURY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17209

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. VICTOR VAN DYKE

Mailing Address 2001 PIEDMONT PARK BLVD

City State Zip Code
APOPKA FL 32703

FEC ID number of contributing
federal political committee.

C

Name of Employer

CONSULATE HEALTHCARE ALTAMONTE

Occupation

CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17212

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Yanira Vargas

Mailing Address 1802 STORY AVENUE

City State Zip Code
Bronx NY 10473

FEC ID number of contributing
federal political committee.

C

Name of Employer

Workmens Circle

Occupation

Certified Nurses Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17214

Amount of Each Receipt this Period

35.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

95.00

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

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

FOR LINE NUMBER: PAGE 141 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. WILTON VASSELL

Mailing Address 3115 AVE, APT 3J

City

BROOKLYN

State

NY

Zip Code

11210

FEC ID number of contributing
federal political committee.

C

Name of Employer

NY METHODIST HOSPITAL BROOKLYN

Occupation

UNKNOWN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17217

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. 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

VICE PRESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17219

Amount of Each Receipt this Period

200.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. MARVIN VELASQUEZ

Mailing Address 39 HELENA AVENUE

City

MOHEGAN LAKE

State

NY

Zip Code

10547

FEC ID number of contributing
federal political committee.

C

Name of Employer

MONTEFIORE

Occupation

HOUSEKEEPING WORKER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17222

Amount of Each Receipt this Period

20.00

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 142 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. MARIA VERA LOZANO

Mailing Address 217 FRONT AVENUE

City State Zip Code
 BRENTWOOD NY 11717

FEC ID number of contributing federal political committee.

C

Name of Employer

PREMIER

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.20

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17225

Amount of Each Receipt this Period

57.20

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Michael Waithe

Mailing Address 345 MONTGOMERY ST., #1L

City State Zip Code
 BROOKLYN NY 11225

FEC ID number of contributing federal political committee.

C

Name of Employer

NY Methodist Hospital Brooklyn

Occupation

Unknown

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17227

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. AMELIA WALKER

Mailing Address 350 VANDERBILT AVE., 4-E

City State Zip Code
 STATEN ISLAND NY 10304

FEC ID number of contributing federal political committee.

C

Name of Employer

STELLA ORTON HOME CARE AGENCY

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17235

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

97.20

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 143 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Karen Walker

Mailing Address 1639 Garfield

City State Zip Code
 Bronx NY 10460

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Regency Extended Care Center Certified Nursing Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17237

Amount of Each Receipt this Period

120.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. LAWRENCE WALKER

Mailing Address 3471 SEYMOUR AVENUE
 #4B

City State Zip Code
 BRONX NY 10469

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 RITE AID CASHIER/CLERK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.88

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17232

Amount of Each Receipt this Period

20.88

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. MICHAEL WALKER

Mailing Address 284 SOUTH COLUMBUS AVE.

City State Zip Code
 MOUNT VERNON NY 10553

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 MONTEFIORE NEW ROCHELLE HOSP FILE CLERK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17230

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

180.88

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

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

FOR LINE NUMBER:
(check only one)

PAGE 144 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Adonica Wallace

Mailing Address 120 Aldnch st. 16G

City State Zip Code
 Bronx NY 10475

FEC ID number of contributing
federal political committee.

C

Name of Employer

Workmens Circle

Occupation

Certified Nurses Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17239

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. CLAUDIUS WATTS

Mailing Address 4228 MONTICELLO AVE

City State Zip Code
 BRONX NY 10466

FEC ID number of contributing
federal political committee.

C

Name of Employer

Andrus Retirement Community

Occupation

SERVICE WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17241

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Nadine White

Mailing Address 6876 NW 1st St

City State Zip Code
 Margate FL 33063-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Plantation General Hospital

Occupation

Clin Ladder II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17243

Amount of Each Receipt this Period

280.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

360.00

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

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

FOR LINE NUMBER: PAGE 145 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Patrick Whyte

Mailing Address 3644 Barnes Ave

City State Zip Code
 Bronx NY 10467

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Personal Touch Home Care of NY

Occupation
 Home Health Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17245

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. LATOYA WILLIAMS

Mailing Address 415 E 26TH ST., APT 2

City State Zip Code
 PATERSON NJ 07514

FEC ID number of contributing
federal political committee.

C

Name of Employer
 TEANECK NURSING CENTER

Occupation
 LAUNDRY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17254

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. LAWANDA WILLIAMS

Mailing Address 4728 APPALOOS ST.

City State Zip Code
 WEST PALM BEACH FL 33417

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ST MARY MEDICAL CENTER

Occupation
 MENTAL HEALTH TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : SA11AI.17262

Amount of Each Receipt this Period

580.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

630.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 146 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. 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

Bensonhurst Center for Rehabilitation

Occupation

NURSING ASSISTANT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17249

Amount of Each Receipt this Period

85.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Marcus Williams

Mailing Address 37 Bircher Avenue LOT 9

City

Poughkeepsie

State

NY

Zip Code

12601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ferncliff Nursing Home

Occupation

Certified Nurses' Aide

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17251

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Roslyn Williams

Mailing Address 4024 Lakeside Dr

City

Tamarac

State

FL

Zip Code

33319-3355

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westside Regional Medical

Occupation

Unit Assistant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17256

Amount of Each Receipt this Period

280.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

395.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 147 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. SHAWN WILLIAMS

Mailing Address 4416 3RD ST NW

City
WASHINGTON

State Zip Code
DC 20011

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDSTAR GEORGETOWN MED. CTR

Occupation
TRANSPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17259

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Sheldon Williams

Mailing Address 1710 CARROLL ST APT C12

City
Brooklyn

State Zip Code
NY 11213-5526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Services For The Underserved

Occupation
Service Worker-Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17247

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Karen WILLIAMS-BOWEN

Mailing Address 150-68 116th Drive

City
Jamaica

State Zip Code
NY 11434

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17264

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

80.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 148 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. BENICIA WILLIAMS-DELACRUZ

Mailing Address 747 MCDONOUGH STREET
1B

City State Zip Code
BROOKLYN NY 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17266

Amount of Each Receipt this Period

100.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Florence Williams-Johnson

Mailing Address 16436 109th Dr

City State Zip Code
Jamaica NY 11433-2914

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthcare Education Project

Occupation

POLITICAL ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17268

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Careen Williams-Lewis

Mailing Address 693 E 58 street

City State Zip Code
Brooklyn NY 11234

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York University Hospital

Occupation

PatUntAsso

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17270

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 149 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Hilda Williams-Malcolm

Mailing Address 2244 MADISON ST., APT 3

City	State	Zip Code
HOLLYWOOD	FL	33020

FEC ID number of contributing federal political committee.

C

Name of Employer

Plantation General Hospital

Occupation

CLIN LADDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.17272

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. AELOMA WILSON

Mailing Address 156 WEST 174 STREET, APT #14D

City	State	Zip Code
BRONX	NY	10453

FEC ID number of contributing federal political committee.

C

Name of Employer

ALLIANCE HOME SERVICES INC

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.17275

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. JIMMY WILSON

Mailing Address 1309 HERKIMER STREET

City	State	Zip Code
BALTIMORE	MD	21223

FEC ID number of contributing federal political committee.

C

Name of Employer

WESTGATE HILL REHAB HEALTHCARE

Occupation

DIETARY STAFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.17277

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

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

90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 150 OF 182

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial) A. BARRINGTON WOODBURN		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11AI.17279	
Mailing Address 875 CAULDWELL AVENUE APT 3 City State Zip Code BRONX NY 10456		Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation GLEN ISLAND CARE CENTER HOUSEKEEPER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) B. ROGER WOODFORK		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11AI.17282	
Mailing Address 13 RIGGS RD., NE, APT. 130 City State Zip Code WASHINGTON DC 20011		Amount of Each Receipt this Period 60.00 PAYROLL DEDUCTION	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation WASHINGTON CTR AGING SERVICES UNKNOWN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) C. DENNESSE Wray		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11AI.17285	
Mailing Address 2576 100th Street City State Zip Code East Elmhurst NY 11369		Amount of Each Receipt this Period 5.00 PAYROLL DEDUCTION	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Cerebral Palsy Assoc NYS Inc Direct Care Counselor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.00	
SUBTOTAL of Receipts This Page (optional)..... ▶		105.00	
TOTAL This Period (last page this line number only)..... ▶			

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

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

FOR LINE NUMBER:
(check only one)

PAGE 151 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. Perlita Wrobel

Mailing Address 1326 Mary St

City State Zip Code
Utica NY 13501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Masonic Care Community

Occupation

Resident Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17287

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. WANDA WYNN

Mailing Address 22 COUNTRY CLUB RD., APT 55

City State Zip Code
EATONTOWN NJ 07724

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meridian Nursing Rehab Shrew.

Occupation

Certified Nursing Aide

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17289

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Dana YABROV

Mailing Address 3805 65th st # 4 G

City State Zip Code
Woodside NY 11377

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beth Israel Medical Center Petrie (RN)

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11AI.17291

Amount of Each Receipt this Period

16.70

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

76.70

29491.46

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

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

FOR LINE NUMBER: PAGE 152 OF 182
(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. TD BANK

Mailing Address 1710 ROUTE 70 EAST

City State Zip Code
 CHERRY HILL NJ 08034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1054.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 31 2015

Transaction ID : SA17.17328

Amount of Each Receipt this Period

154.54

INTEREST INCOME

Full Name (Last, First, Middle Initial)

B. TD BANK

Mailing Address 1710 ROUTE 70 EAST

City State Zip Code
 CHERRY HILL NJ 08034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1221.82

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : SA17.17329

Amount of Each Receipt this Period

167.18

INTEREST INCOME

Full Name (Last, First, Middle Initial)

C. TD BANK

Mailing Address 1710 ROUTE 70 EAST

City State Zip Code
 CHERRY HILL NJ 08034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1348.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 30 2015

Transaction ID : SA17.17330

Amount of Each Receipt this Period

127.16

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)..... ►

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

448.88

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

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

FOR LINE NUMBER: PAGE 153 OF 182

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. TD BANK

Mailing Address 1710 ROUTE 70 EAST

City
CHERRY HILLState
NJZip Code
08034FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1437.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA17.17331

Amount of Each Receipt this Period

88.13

INTEREST INCOME

Full Name (Last, First, Middle Initial)

B. TD BANK

Mailing Address 1710 ROUTE 70 EAST

City
CHERRY HILLState
NJZip Code
08034FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1566.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : SA17.17332

Amount of Each Receipt this Period

129.30

INTEREST INCOME

Full Name (Last, First, Middle Initial)

C. TD BANK

Mailing Address 1710 ROUTE 70 EAST

City
CHERRY HILLState
NJZip Code
08034FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1745.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA17.17333

Amount of Each Receipt this Period

179.53

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)..... ►

396.96

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

845.84

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 154 OF 182

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. HOROWITZ & ULLMANN, P.C.Mailing Address 275 MADISON AVENUE
SUITE 902

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
ACCOUNTING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2015

Transaction ID : SB21B.17326

Amount of Each Disbursement this Period

2520.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

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

2520.00

2520.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 155 OF 182

<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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2015

Transaction ID : SB22.16259

Amount of Each Disbursement this Period

2000000.00

Full Name (Last, First, Middle Initial)

B. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

Transaction ID : SB22.16266

Amount of Each Disbursement this Period

2000000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

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

4000000.00

4000000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 157 OF 182

<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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. NAOMIE JULIEN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Mailing Address 179 CHAPMAN ST., 1ST FL.

City	State	Zip Code
ORANGE	NJ	07050

Transaction ID : SB28A.17318Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

50.00

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) ▼

Full Name (Last, First, Middle Initial)

B. VIRGINIA MELGAR

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Mailing Address 80-09 35 AVE., APT 3E

City	State	Zip Code
JACKSON HEIGHTS	NY	11372

Transaction ID : SB28A.17321Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

12.00

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) ▼

Full Name (Last, First, Middle Initial)

C. ABU MUFAZZUL HENA KARIM

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Mailing Address 920 EAST 6 ST., APT 9B

City	State	Zip Code
NEW YORK	NY	10009

Transaction ID : SB28A.17310Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

20.00

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)..... ►

82.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 158 OF 182

<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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. ANTONIA NISCA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Mailing Address 70 EAST 108 STREET, APT 18F

City	State	Zip Code
NEW YORK	NY	10029

Transaction ID : SB28A.17300Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

90.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. RANA RAHMAN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

Mailing Address 4141 BENHAM STREET

City	State	Zip Code
ELMHURST	NY	11373

Transaction ID : SB28A.17323Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

219.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. GLENY REYES-GOMEZ

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Mailing Address 1564 UNIMPORT ROAD, APT MH

City	State	Zip Code
BRONX	NY	10462

Transaction ID : SB28A.17316Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

140.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

449.00

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

--

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. FARIDA RUEMMELY

Mailing Address 3410 KINGSBRIDGE AVE., APT 45C

City	State	Zip Code
BRONX	NY	10463

Purpose of Disbursement	REFUND OF UNITEMIZED CONTRIBUTION
-------------------------	-----------------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

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

Date of Disbursement



Transaction ID : SB28A.17308

Amount of Each Disbursement this Period

90.00

Full Name (Last, First, Middle Initial)

B. CAROLINA URENA

Mailing Address 21 PARK HILL AVENUE

City	State	Zip Code
YONKERS	NY	10701

Purpose of Disbursement	REFUND OF UNITEMIZED CONTRIBUTION
-------------------------	-----------------------------------

Candidate Name

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) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB28A.17304

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	90

Full Name (Last, First, Middle Initial)

C. COLEEN WALDRON

Mailing Address 2811 TILDEN AVENUE

City	State	Zip Code
BROOKLYN	NY	11226

Purpose of Disbursement	REFUND OF UNITEMIZED CONTRIBUTION
-------------------------	-----------------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
09 29 2015

Transaction ID : SB28A.17306

Amount of Each Disbursement this Period

Age group	Number of people
0-14	10
15-24	20
25-34	30
35-44	40
45-54	50
55-64	60
65-74	70
75-84	80
85-94	90
95-104	100

SUBTOTAL of Disbursements This Page (optional).....

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

255.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 160 OF 182

<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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. RAKICIA WILSON

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Mailing Address 20 COACHMAN CT., APT T2

City	State	Zip Code
RANDALLSTOWN	MD	21133

Transaction ID : SB28A.17314Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

30.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

30.00

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

1166.00

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. 1199 HOMECARE FEDERAL

Mailing Address 330 WEST 42ND STREET

City	State	Zip Code
NEW YORK	NY	10036

Purpose of Disbursement	REFUND OF DEPOSIT INTO WRONG ACCOUNT
-------------------------	--------------------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB29.16265

Amount of Each Disbursement this Period

769.50

Full Name (Last, First, Middle Initial)

B. 1199 MASSACHUSETTS POLITICAL ACTION COMMITTEE

Mailing Address 330 42ND STREET
7TH FLOOR

City	State	Zip Code
NEW YORK	NY	10036

Purpose of Disbursement	REFUND OF DEPOSIT INTO WRONG ACCOUNT
-------------------------	--------------------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB29.16260

Amount of Each Disbursement this Period

258.35

Full Name (Last, First, Middle Initial)

C. 1199 MASSACHUSETTS POLITICAL ACTION COMMITTEE

Mailing Address 330 42ND STREET
7TH FLOOR

City	State	Zip Code
NEW YORK	NY	10036

Purpose of Disbursement	REFUND OF DEPOSIT INTO WRONG ACCOUNT
-------------------------	--------------------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB29.17312

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional).....

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

1087.85

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 162 OF 182

<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

Full Name (Last, First, Middle Initial)

A. 1199 SEIU DUES ACCOUNT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2015

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City	State	Zip Code
NEW YORK	NY	10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Category/
Type**Transaction ID : SB29.17295**

Amount of Each Disbursement this Period

2895.07

Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Full Name (Last, First, Middle Initial)

B. 1199 SEIU DUES ACCOUNT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2015

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City	State	Zip Code
NEW YORK	NY	10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Category/
Type**Transaction ID : SB29.16261**

Amount of Each Disbursement this Period

330.00

Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Full Name (Last, First, Middle Initial)

C. 1199 SEIU DUES ACCOUNT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City	State	Zip Code
NEW YORK	NY	10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Category/
Type**Transaction ID : SB29.17303**

Amount of Each Disbursement this Period

316.01

Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

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

3541.08

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 163 OF 182

<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

Full Name (Last, First, Middle Initial)

A. 1199 SEIU DUES ACCOUNT

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City	State	Zip Code
NEW YORK	NY	10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Transaction ID : SB29.17313

Amount of Each Disbursement this Period

316.01

Full Name (Last, First, Middle Initial)

B. 1199 SEIU DUES ACCOUNT

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City	State	Zip Code
NEW YORK	NY	10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2015

Transaction ID : SB29.17320

Amount of Each Disbursement this Period

357.00

Full Name (Last, First, Middle Initial)

C. 1199 SEIU DUES ACCOUNT

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City	State	Zip Code
NEW YORK	NY	10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

Transaction ID : SB29.17325

Amount of Each Disbursement this Period

1553.85

SUBTOTAL of Disbursements This Page (optional)..... ►

2226.86

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 PageFOR LINE NUMBER:
(check only one)

PAGE 164 OF 182

<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

Full Name (Last, First, Middle Initial)

A. 1199 SEIU DUES ACCOUNT

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City	State	Zip Code
NEW YORK	NY	10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2015

Transaction ID : SB29.17327

Amount of Each Disbursement this Period

893.83

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

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) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

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

893.83

7749.62

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

PAGE 165 OF 182

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 SEIUNature of Debt (Purpose):
STAFF SALARIES

Mailing Address 330 WEST 42ND STREET

City State

NEW YORK

Zip Code

NY

10036

Outstanding Balance Beginning This Period

32560.00

Transaction ID : SD10.12155

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

32560.00

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

1199 SEIUNature of Debt (Purpose):
STAFF SALARIES

Mailing Address 330 WEST 42ND STREET

City State

NEW YORK

Zip Code

NY

10036

Outstanding Balance Beginning This Period

9465.92

Transaction ID : SD10.12156

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9465.92

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

NEW YORK

State

NY

Zip Code

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

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

50117.90

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

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

PAGE 166 OF 182

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

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

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

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

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

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

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

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

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

83291.23

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

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

PAGE 167 OF 182

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

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

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

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

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

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

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

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

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

217389.38

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

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

PAGE 168 OF 182

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

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

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

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

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

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

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

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

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

20870.64

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

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

PAGE 169 OF 182

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

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

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

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

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

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

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

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

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

21664.12

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

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

PAGE 170 OF 182

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

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

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

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

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

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

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

13004.52

Transaction ID : SD10.11208

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13004.52

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

39080.47

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

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

PAGE 171 OF 182

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

20006.45

Transaction ID : SD10.11209

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20006.45

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

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

18904.21

Transaction ID : SD10.11206

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18904.21

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

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

188588.83

Transaction ID : SD10.11207

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

188588.83

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

227499.49

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

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

PAGE 172 OF 182

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)

PAGE 173 OF 182

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 CARINO

Nature 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

ENTERPRISE RENT-A-CAR

Nature of Debt (Purpose):

RENTAL VEHICLE

Mailing Address P.O. BOX 840173

City State Zip Code
KANSAS CITY MO 64184-0173

Outstanding Balance Beginning This Period

6277.88

Transaction ID : SD10.12157

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6277.88

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

ENTERPRISE RENT-A-CAR

Nature of Debt (Purpose):

RENTAL VEHICLE

Mailing Address P.O. BOX 840173

City State Zip Code
KANSAS CITY MO 64184-0173

Outstanding Balance Beginning This Period

3138.94

Transaction ID : SD10.12248

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3138.94

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

9461.82

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

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

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

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

PAGE 174 OF 182

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

ENTERPRISE RENT-A-CARNature of Debt (Purpose):
RENTAL VEHICLE

Mailing Address P.O. BOX 840173

City State

Zip Code

KANSAS CITY

MO

64184-0173

Outstanding Balance Beginning This Period

3587.36

Transaction ID : SD10.12250

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3587.36

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

1606.34

Transaction ID : SD10.8322

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1606.34

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

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

1606.34

Transaction ID : SD10.8323

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1606.34

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

6800.04

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

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

PAGE 175 OF 182

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

WEBSTER

Zip Code

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 PECHTEL

Nature of Debt (Purpose):

REIMBURSEMENT CATERING EXPENSE

Mailing Address 401 ROSE AVE

City State

SCHENECTADY

Zip Code

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

NEW YORK

State

NY

Zip Code

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
schedule(s)
for each
numbered line)

PAGE 176 OF 182

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

NEW YORK

Zip Code

NY 10036

Outstanding Balance Beginning This Period

22157.25

Transaction ID : SD10.8325

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

22157.25

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

STANDARD MODERN COMPANY

Nature of Debt (Purpose):
DOORHANGERS

Mailing Address 47 PLEASANT STREET

City State

BROCKTON

Zip Code

MA 02301

Outstanding Balance Beginning This Period

598.89

Transaction ID : SD10.12252

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

598.89

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

SVM, LP

Nature of Debt (Purpose):
GAS CARDS

Mailing Address 185 N. FRANKLIN ST REET

City

CHICAGO

State

IL

Zip Code

60606

Outstanding Balance Beginning This Period

726.26

Transaction ID : SD10.12158

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

726.26

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

23482.40

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

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

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

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

PAGE 177 OF 182

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

SVM, LP

Nature of Debt (Purpose):
GAS CARDS

Mailing Address 185 N. FRANKLIN ST REET

City State
CHICAGOZip Code
IL 60606

Outstanding Balance Beginning This Period

800.07

Transaction ID : SD10.12253

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

800.07

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

SVM, LP

Nature of Debt (Purpose):
GAS CARDS

Mailing Address 185 N. FRANKLIN ST REET

City State
CHICAGOZip Code
IL 60606

Outstanding Balance Beginning This Period

800.07

Transaction ID : SD10.12254

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

800.07

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

SVM, LP

Nature of Debt (Purpose):
GAS CARDS

Mailing Address 185 N. FRANKLIN ST REET

City State Zip Code
CHICAGO IL 60606

Outstanding Balance Beginning This Period

800.07

Transaction ID : SD10.12255

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

800.07

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

2400.21

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

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

PAGE 178 OF 182

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

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

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

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

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

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

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
BEVERAGE EXPENSES

Mailing Address P.O. BOX 88000

City

State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

835.02

Transaction ID : SD10.6519

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

835.02

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

4581.64

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

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

PAGE 179 OF 182

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):
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

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

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

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

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City

State

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

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

3864.94

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

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

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

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

PAGE 180 OF 182

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):
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

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

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

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

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City

State

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

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

1106.77

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)

PAGE 181 OF 182

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):
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

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

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

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

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

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

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

2059.64

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

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

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

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

PAGE 182 OF 182

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):

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

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

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):

CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

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

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

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):

CATERING EXPENSES

Mailing Address P.O. BOX 88000

City

State

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)..... ►

6316.21

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

744850.12

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) ►

744850.12