Image# 2016013090049481	72		_	PAGE 1 / 182
FEC FORM 3X	AND DISBU	F RECEIPTS JRSEMENTS Authorized Committe	;	Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	g, type 12FE4M5	
ADDRESS (number and stre	eet) 330 WEST 42ND STR	EET, 7TH FLOOR		
Check if different				
than previously reported. (ACC)				10036
2. FEC IDENTIFICATIO	N NUMBER 🔻	CITY 🔺	STATE 🔺	ZIP CODE
C C00348540		3. IS THIS NI REPORT X (N		ENDED
 4. TYPE OF REPOR (Choose One) (a) Quarterly Reports: April 15 	Report Due On:	Mar 20 (M3)	un 20 (M6) Sep 2	20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election Year Only) 20 (M10) Jan 31 (YE)
Quarterly Rep July 15 Quarterly Rep October 15 Quarterly Rep	port (Q2) (C) 12-Day PRE-Election Report for th		2C) General (
X January 31 Year-End Rep	_	Election on	D D / Y Y Y Y	in the State of
July 31 Mid-Y Report (Non-e Year Only) (N	election	· · · · ·	Runoff (3	DR) Special (30S)
Termination F (TER)	Report	Election on		in the State of
5. Covering Period		015 through	12 / D D / 31	2015
-	ned this Report and to the be	est of my knowledge and be	elief it is true, correct and	complete.
Type or Print Name of Tre	asurer KEVIN FINNEGAN			
Signature of Treasurer	KEVIN FINNEGAN	[Electronically	Filed] Date 01	/ D D / Y Y Y Y 30 2016
NOTE: Submission of false,	erroneous, or incomplete inforr	mation may subject the perso	on signing this Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

01/30/2016 11 : 34

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

R	Report Covering the Period: From:	7 01 2015 To	b: 12 / D D / Y Y Y Y Y 31 2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 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

Image#	201	601	30900)4948 [,]	174
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DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

(ii) TOTAL (add Lines 11(a)(i) and (ii)	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Than Political Committees 29491.46 31264.2: (i) Itemized (use Schedule A) 3159455.04 6599030.9 (ii) Unitemized (use Schedule A) 3159455.04 6630295.1: (iii) TOTAL (add Lines 11(a)(i) and (ii)	Contributions (other than loans) From:		
(i) Itemized (use Schedule A) 29491.46 312642; (ii) Unitemized	(a) Individuals/Persons Other		
(i) Internized (use Schedule A)	Than Political Committees		
(ii) TOTAL (add Lines 11(a)(i) and (ii)	(i) Itemized (use Schedule A)	29491.46	31264.23
(ii) TOTAL (add Lines 11(a)(i) and (ii)			
Lines 11(a)(i) and (ii)		3159455.04	6599030.90
(b) Political Party Committees 0.00 (c) Other Political Committees 0.00 (d) Total Contributions (add Lines 0.00 11(a)(iii), (b), and (c)) (Carry 0.00 Transfers From Affiliated/Other 0.00 Party Committees 0.00 . All Loans Received 0.00 . Offsets To Operating Expenditures 0.00 (Refunds, Rebates, etc.) 0.00 (Carry Totals to Line 37, page 5) 0.00 . Offsets To Operating Expenditures 0.00 (Refunds, Rebates, etc.) 0.00 (Carry Totals to Line 37, page 5) 0.00 . Other Federal Receipts 0.00 Other Federal Receipts 0.00 (Dividends, Interest, etc.) 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add Lines 11(d), 0.00 (c) Total Receipts (add Lines 11(d), 1189792.34 Total Receipts 0.00			
(0) Folical Committees 0.00 (c) Other Policical Committees 0.00 (d) Total Contributions (add Lines 0.00 11(a)(iii), (b), and (c)) (Carry 3188946.50 Transfers From Affiliated/Other 0.00 Party Committees 0.00 . All Loans Received 0.00 . Loan Repayments Received 0.00 . Offsets To Operating Expenditures 0.00 (Refunds, Rebates, etc.) 0.00 (Carry Totals to Line 37, page 5) 0.00 . Other Federal Receipts 0.00 (Dividends, Interest, etc.) 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)). 0.00 . Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 3189792.34	Lines 11(a)(i) and (ii)	3188946.50	6630295.13
(0) Folical Committees 0.00 (c) Other Policical Committees 0.00 (d) Total Contributions (add Lines 0.00 11(a)(iii), (b), and (c)) (Carry 3188946.50 Transfers From Affiliated/Other 0.00 Party Committees 0.00 . All Loans Received 0.00 . Loan Repayments Received 0.00 . Offsets To Operating Expenditures 0.00 (Refunds, Rebates, etc.) 0.00 (Carry Totals to Line 37, page 5) 0.00 . Other Federal Receipts 0.00 (Dividends, Interest, etc.) 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)). 0.00 . Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 3189792.34		0.00	0.00
(such as PACs)		0.00	
(d) Total Contributions (add Lines 11(d), (ii), (b), and (c)) (Carry Totals to Line 33, page 5) 3188946.50 1 Transfers From Affiliated/Other 0.00 Party Committees 0.00 . All Loans Received 0.00 . Loan Repayments Received 0.00 . Loan Repayments Received 0.00 . Constructions Made 0.00 . Constitutions Made 0.00 . Other Federal Receipts 0.00 (d) Non-Federal and Levin Funds 0.00 (a) Non-Federal Account 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 . Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)		0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 3188946.50 1 ransfers From Affiliated/Other 0.00 Party Committees 0.00 All Loans Received 0.00 Loan Repayments Received 0.00 Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 (Carry Totals to Line 37, page 5) 0.00 Refunds of Contributions Made to Federal Candidates and Other Political Committees 0.00 Other Federal Receipts (Dividends, Interest, etc.) 0.00 (a) Non-Federal Receipts 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 3189792.34 Total Federal Receipts 3189792.34	. ,	7 7 7	0.00
Totals to Line 33, page 5) 3188946.50 6630295.13 Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 All Loans Received 0.00 0.00 Loan Repayments Received 0.00 0.00 Corry Totals to Line 37, page 5) 0.00 0.00 Carry Totals to Line 37, page 5) 0.00 0.00 Refunds of Contributions Made 0.00 0.00 to Federal Candidates and Other 0.00 0.00 Political Committees 0.00 0.00 (Dividends, Interest, etc.) 845.84 1745.94 (b) Levin Funds (from Schedule H5) 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 . 0.00 0.00 0.00 . 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 . 0.00 0.00 0.00 . 0.00 0.00 0.00 . 0.00 0.00 0.			
Transfers From Affiliated/Other Party Committees Party Committees 0.00 All Loans Received 0.00 0.01 0.02 0.03 0.04 0.05 0.06 0.07 0.08 0.09 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.01 0.02 0.03 0.04 0.05 0.06 0.07 0.08 0.09 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00		3188946 50	6630295.13
Party Committees			
 All Loans Received		0.00	0.00
Air Duars Received 0.00 Loan Repayments Received 0.00 Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 0.00 Refunds of Contributions Made to Federal Candidates and Other Political Committees	Faity Committees	0.00	
Loan Repayments Received	All Loans Received	0.00	0.00
2. Diffests To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees			
2. Diffests To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees		0.00	
(Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)		0.00	0.00
(Carry Totals to Line 37, page 5)			
(daty folds to Enfe 57, page 50, minute Refunds of Contributions Made to Federal Candidates and Other Political Committees		0.00	0.00
to Federal Candidates and Other Political Committees		7 7	0.00
Political Committees			
Other Federal Receipts (Dividends, Interest, etc.)		0.00	0.00
(Dividends, Interest, etc.)		0.00	
Transfers from Non-Federal and Levin Funds 0.00 (a) Non-Federal Account 0.00 (from Schedule H3) 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 •. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))		945 94	1745.94
(a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 0.00 . Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 3189792.34 6632041.01 . Total Federal Receipts		1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(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 . Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))			
(b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 0.00 •. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))		0.00	0.00
(b) Levin Funds (non ochedule Fi5)		7 7	
(b) Levin Funds (non ochedule Fi5)	(b) Lovin Funds (from Schodulo 45)	0.00	0.00
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))			
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
12, 13, 14, 15, 16, 17, and 18(c))			0.00
12, 13, 14, 15, 16, 17, and 18(c))			
12, 13, 14, 15, 16, 17, and 18(c))	Total Receipts (add Lines 11(d).		
. Total Federal Receipts		3189792.34	6632041.07
	, _, , _, _, _, .,		
	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	3189792.34	6632041.07

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar fear-to-Date
(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	2520.00	10715.00
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	7 7 7	10/13.00
Committees Contributions to	400000.00	550000.00
Federal Candidates/Committees and Other Political Committees	0.00	155000.00
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.00
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
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	0.00	0.00
(such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))►	1166.00	3794.80
Other Disbursements	7749.62	58265.44
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(b) Federal Election Activity Paid Entirely	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4011435.62	5727775.24
		3121113.2
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31	4011435.62	5727775.24
from Line 31)	4011430.02	5121115.24

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L

DETAILED SUMMARY PAGE

of Disbursements

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

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

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

FOR LINE NUMBER:

(check only one)

PAGE

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		Detailed Summary Page		ŀ		11b	11c		12		
Any information copied from such R or for commercial purposes, other th			person for		ourp					ons	17
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPL											
Full Name (Last, First, Middle Ini JULIA ABRAHAM Mailing Address 55 BOWEN ST., City STATEN ISLAND FEC ID number of contributing federal political committee. Name of Employer Stella Orton Home Care Agency Receipt For: Primary General Other (specify) ▼	APT. 509 State NY C Occupation Patient Car Aggregate		T	nount	/ actic of E	31	SA11AI.	20 1625	-	Y 00]
Full Name (Last, First, Middle Ini B. ANGELIKA ACEVEDO Mailing Address 2157 RJ CIRCLE City KISSIMEE FEC ID number of contributing federal political committee. Name of Employer PARKS HEALTH CARE & REHAB Receipt For: Primary General Other (specify) ▼	State FL C CCCUpation CERTIFIED	Zip Code 34774 NURSES AIDE Year-to-Date ▼ 250.00	T	Date of Receipt					У ОО]	
Full Name (Last, First, Middle Ini YAA ACHEAMPONG Mailing Address 100 BENCHLEY City BRONX FEC ID number of contributing federal political committee. Name of Employer HERITAGE HEALTH & HOUSING Receipt For: Primary General Other (specify) ▼	PLACE State NY C Occupation UNKNOWN		Am	nount	/ action of E	31 on ID :	SA11AI.	20 1625	58	Ч 00]
SUBTOTAL of Receipts This Page						,		-	145.0	00]

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNI	ON FEDERAL POLITIC	CAL ACTION FUND						
Α.	Full Name (Last, First, Middle Initial) Gwendolyn Adams Mailing Address 101 Lake Dora Dr City	State	Zip Code	Date of Receipt						
	West Palm Beach	FL	33411-2378	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		40.00						
	Name of Employer	Occupation	1	PAYROLL DEDUCTION						
	Palms West Hospital	Licensed P	ractical Nurse							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00							
в.	Full Name (Last, First, Middle Initial) PAULINE ADLAM			Date of Receipt						
	Mailing Address 167 LENOX ROAD A-16			12 31 Y Y Y Y Y 12 31 2015						
	City BROOKLYN	State NY	Zip Code 11226	Transaction ID : SA11AI.16270 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		20.00						
	Name of Employer PERSONAL TOUCH CARE OF NY	Occupation		- PAYROLL DEDUCTION						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) DANSO AGYEMAN			Date of Receipt						
	Mailing Address 10 EAST 138TH STREET			12 31 2015						
	City New York	State NY	Zip Code 10037	Transaction ID : SA11AI.16272 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		40.00						
	Name of Employer	Occupation	1	PAYROLL DEDUCTION						
	PAGNY-Harlem Hosp Columbia U	Unknown								
	Receipt For: Primary General	Aggregate								
	Other (specify)									
s	UBTOTAL of Receipts This Page (optional)		••••••	100.00						
Т	OTAL This Period (last page this line number	only)	•							

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

FOR LINE NUMBER:

(check only one)

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		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and Si or for commercial purposes, other than using the										
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	MERCEDES ALBA									
City	State	Zip Code	12312015 Transaction ID : SA11AI.16274							
Staten Island	NY	10301	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer	Occupation		- PAYROLL DEDUCTION							
Stella Orton Home Care Agency Receipt For:		re Assistant	_							
Primary General Other (specify) v	Primary General General									
Full Name (Last, First, Middle Initial) B. YULI ALEJANDRO			Date of Receipt							
Mailing Address 1569 BRUCKNER BLVD.	12 31 2015									
City	State	Zip Code	Transaction ID : SA11AI.16277							
BRONX FEC ID number of contributing federal political committee.	C	10472	Amount of Each Receipt this Period							
Name of Employer ALLIANCE HOME SERVICES INC	Occupation HOME ATT		- PAYROLL DEDUCTION							
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 240.00								
Full Name (Last, First, Middle Initial) C. Lucien Alexis			Date of Receipt							
Mailing Address 15172 92nd Ct N			12 31 2015							
City West Palm Beach	State FL	Zip Code 33412-2501	Transaction ID : SA11AI.16279 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		40.00							
Name of Employer	Occupation	1	PAYROLL DEDUCTION							
Palms West Hospital	IMAGING (CLERK	_							
Receipt For: Primary General Other (specify) ▼	Primary General General									
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

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNI	ON FEDERAL POLITIC	CAL ACTION FUND						
Α.	Full Name (Last, First, Middle Initial) TILHAUN ALITO Mailing Address 816 SOUTH FLORIDA ST., AR	DT 6		Date of Receipt						
	City	State	Zip Code	12 31 2015 Transaction ID : SA11AI.16282						
	ARLINGTON FEC ID number of contributing federal political committee.	C	22204	Amount of Each Receipt this Period						
	Name of Employer	Occupation		- PAYROLL DEDUCTION						
	MEDSTAR GEORGETOWN MED. CENTER Receipt For: Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 220.00							
в.	Full Name (Last, First, Middle Initial) Cornelia Allen Mailing Address 584 OSBORN ST., #2F			Date of Receipt						
	City Brooklyn	State NY	Zip Code 11212	12 31 2015 Transaction ID : SA11AI.16284 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		PAYROLL DEDUCTION						
	Name of Employer Maimonides Medical Center Receipt For:	Occupation Information	Specialist							
	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 220.00							
C.	Full Name (Last, First, Middle Initial)			Date of Receipt						
	Mailing Address 510 W 188TH ST APT 55 City	State	Zip Code	12 31 2015 Transaction ID : SA11AI.16286						
	NEW YORK	NY	10040-4696	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		20.00						
	Name of Employer	Occupation								
	LEGAL AID SOCIETY Receipt For:	PARALEG	AL 2 Year-to-Date ▼	-						
	Primary General Other (specify)	Aggregate	220.00							
s	UBTOTAL of Receipts This Page (optional)		•	60.00						
т	OTAL This Period (last page this line number	only)	•							

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEI	ES INT'L UNI	ON FEDERAL POLITI	CAL ACTION FUND					
A. Full Name (Last, First, Middle Initial) Brian ALSTON Mailing Address 760 N. Edgewood Stree	t		Date of Receipt					
City	State	Zip Code	12 31 2015 Transaction ID : SA11AI.16288					
Baltimore FEC ID number of contributing federal political committee.	MD C	21229	Amount of Each Receipt this Period 21.52					
Name of Employer Genesis - Perring Parkway Center Receipt For:	·	ng Floor Person Year-to-Date ▼	PAYROLL DEDUCTION					
Other (specify)		221.52]					
B. Full Name (Last, First, Middle Initial) REINA ALTAGRACIA Mailing Address 155 EAST 168 STREET			Date of Receipt					
City BRONX	State NY	Zip Code 10452	12 31 2015 Transaction ID : SA11AI.16291 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	Occupation		40.00 PAYROLL DEDUCTION					
ALLIANCE HOME SERVICES, INC.								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]					
Full Name (Last, First, Middle Initial) C. PONIA ALY			Date of Receipt					
Mailing Address 1651 CAROLL STREET			12 31 / Y Y Y Y Y 12 31					
City BROOKLYN	State NC	Zip Code 11213	Transaction ID : SA11AI.16294 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		20.00 PAYROLL DEDUCTION					
Name of Employer	Occupation							
NY METHODIST HOSPITAL BROOKLYN Receipt For:								
Primary General Other (specify)	Primary General Aggregate Tear to Date V							
SUBTOTAL of Receipts This Page (option	al)		81.52					
TOTAL This Period (last page this line nu	mber only)							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND														
Α.	Full Name (Last, First, Middle Initial) Maria Amaral Mailing Address 5522 Landover Blvd					Date of Receipt									
	City State Zip Code							12 31 2015 Transaction ID : SA11AI.16297							
	Spring Hill	FL	34609-1315							nis Period	l				
	FEC ID number of contributing federal political committee.	С		30.00							0.00				
	Name of Employer	Occupation			PAYRC		DED	0001	ION						
	Oak Hill Svc & Tech Receipt For:		Irsing Assistant	_											
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.00												
в.	Full Name (Last, First, Middle Initial) Joyce Anderson			Date of Receipt											
	Mailing Address 354 HOWLAND AVENUE						12 31 2015								
	City State Zip Code				Tran	sact	ion	ID : 3	SA11AI.	16299					
	ENGLEWOOD	ENGLEWOOD NJ 07631-3229							eceipt th	nis Perioo	I				
	FEC ID number of contributing federal political committee.		60.00 PAYROLL DEDUCTION).00						
	Name of Employer Teaneck Nursing Ctr-Bdwy Heal	Occupation		- P	AYRO		DED	UCT	ION						
	Receipt For:	Certified Nu	5	_											
	Primary General Other (specify) ▼	Primary General Aggregate Teal to Date V													
с.	Full Name (Last, First, Middle Initial) Valry Anderson				Date d	of Re	ecei	pt							
	Mailing Address 114 SILVER STREET				м 12	/	/	31	/ Y	2015	Y				
	City Elmont	State NY	Zip Code 11003						SA11AI	. 16301 nis Perioc	1				
	FEC ID number of contributing federal political committee.	С		135					5.00						
	Name of Employer	PAYROLL DEDUCTION													
	New York Downtown Hospital														
	Receipt For:														
	Primary General Other (specify) ▼		335.00]											
	UBTOTAL of Receipts This Page (optional)			•		-	7	+	7	225	.00				

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

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NAME OF COMMITTEE (In Ful		, , , , , , , , , , , , , , , , , , ,													
		ON FEDERAL POLITI	CAL	ACT		√ FU	JND								
Full Name (Last, First, Middle I A. HILARIA ANTONIO	nitial)			Date of Receipt											
Mailing Address 820 ASTOR A	VENUE, APT. 4B	Т. 4В													
City	State	Zip Code	12 31 2015 Transaction ID : SA11AI.16303												
BRONX	NY	10467		_ Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C			40.00											
Name of Employer	Occupation		— P	PAYRO	LL DE	EDUC	TION								
ALLIANCE HOME SERVICES, I															
Receipt For:	-														
Primary General	Aggregate	Year-to-Date ▼													
Other (specify)		240.00													
Full Name (Last, First, Middle I B. MYAH APARICO	Full Name (Last, First, Middle Initial) MYAH APARICO														
Mailing Address 128 GUY LOM	BARDO AVE, APT E3			Date of		D D		YY	Y						
City	State	Zip Code	_	12 T rans		31		2015							
FREEPORT	NY	11520					SA11AL. Receipt th		 1						
FEC ID number of contributing federal political committee.	С			, uno un					0.00						
lederal political committee.															
Name of Employer	Occupation			- PAYROLL DEDUCTION											
NY METHODIST HOSPITAL BR		K													
Receipt For:	Aggregate	Year-to-Date ▼													
Other (specify)		, 220.00													
Full Name (Last, First, Middle I C. YOLANDA ARAOZ	nitial)			Date of	f Rece	eipt									
Mailing Address UNKNOWN				M M	/	31		2015	Y						
City UNKNOWN	State	Zip Code					: SA11AI. Receipt th		t						
FEC ID number of contributing federal political committee.	C							4	0.00						
Name of Employer	Occupation	1		PAYRO	LL DE	2000	NUN								
MONTEFIORE NEW ROCHELL	E HOSP. UNKNOW	N													
Receipt For:		Year-to-Date ▼													
Other (specify) ▼		1													
		gg		-				10/	00						
SUBTOTAL of Receipts This Pag	e (optional)	••••••					- 7	100	0.00						

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using th									
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UN	ION FEDERAL POLITI	CAL ACTION FUND						
Full Name (Last, First, Middle Initial) A. STEFFI ARAUZ Mailing Address 913 MACE AVE., 1ST FL.			Date of Receipt						
City BRONX	State NY	Zip Code 10469	12 31 2015 Transaction ID : SA11AI.16312 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		20.00						
Name of Employer MONTEFIORE HOSPITAL Receipt For: Primary General Other (specify) ▼		H TEHNOL-EPIT Year-to-Date ▼ 220.00	PAYROLL DEDUCTION						
Full Name (Last, First, Middle Initial) B. AGNES ARTHUR Mailing Address 779 CONCOURSE VILLAGE	Date of Receipt								
City BRONX FEC ID number of contributing federal political committee.	State NY	Zip Code 10451	12 31 2015 Transaction ID : SA11AI.16315 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION						
Name of Employer ALLIANCE HOME SERVICES INC.	Occupatior								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00							
Full Name (Last, First, Middle Initial) C. JANETT ARZU			Date of Receipt						
Mailing Address 1000 HOE AVENUE <u>APT#304</u> City	State	Zip Code	12 31 2015 Transaction ID : SA11AI.16317						
BRONX FEC ID number of contributing federal political committee.	NY	10459	Amount of Each Receipt this Period 30.00						
Name of Employer ALLIANCE HOME SERVICES INC. Receipt For: Primary General	Occupation UNKNOWI Aggregate	N Year-to-Date ▼	PAYROLL DEDUCTION						
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number									

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	S INT'L UN	ION FEDERAL POLITI	CAL ACTION FUND
Full Name (Last, First, Middle Initial) A. George Attoh Mailing Address 1830 BROOKLYN AVE AP City Brooklyn FEC ID number of contributing federal political committee. Name of Employer Lutheran Medical Center Receipt For: Primary General Other (specify)	State NY C Occupation Dental Ass		Date of Receipt M M / D / Y
Full Name (Last, First, Middle Initial) Temitope Ayeni Mailing Address 45 E WASHINGTON AVE. City ELMWOOD FEC ID number of contributing federal political committee. Name of Employer Montefiore-Wakefield Campus Receipt For: Primary General Other (specify)	State NJ C Occupation Registered Aggregate		Date of Receipt 12 31 2015 Transaction ID : SA11AI.16321 Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) SULOCH BABU Mailing Address 52 VAN BUREN AVENUE City TEANECK FEC ID number of contributing federal political committee. Name of Employer NEW YORK PRESBYTERIAN HOSPITAL Receipt For: Primary General Other (specify)		Zip Code 07666 ARMACIST Year-to-Date ▼ 220.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16323 Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional)			60.00
TOTAL This Period (last page this line numb	er only)		

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

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Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UN	ION FEDERAL POLITI	CAL ACTION FUND
A. Full Name (Last, First, Middle Initial) ADEYEMI BANDELE Mailing Address 1606 NEW JERSEY AVENUE	State	Zip Code	Date of Receipt
WASHINGTON FEC ID number of contributing federal political committee.	C	20001	Amount of Each Receipt this Period 50.00 PAYROLL DEDUCTION
Name of Employer 1199 SEIU Receipt For: Primary General Other (specify)		n DN COORDINATOR e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. FREDERICK BAPTISTE Mailing Address 404 EAST 48TH STREET, AP City BROOKLYN FEC ID number of contributing federal political committee. Name of Employer NEW YORK CONGREGATIONAL Receipt For: Primary General Other (specify) ▼	State NY C Occupation PORTER	Zip Code 11203 n e Year-to-Date ▼ 220.00	Date of Receipt 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 Brooklyn FEC ID number of contributing federal political committee. Name of Employer Brookdale Hospital Medical Ctr Receipt For: Primary General Other (specify) ▼	State NY C Occupation CLERK, AI		Date of Receipt M / D / 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			90.00

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	OF COMMITTEE (In Full) 9 SERVICE EMPLOYEES	INT'L UNI	ON FEDERAL POLITI	CAI	_ AC	TIC	DN F	U	ND				
	ame (Last, First, Middle Initial) IATOU BARRY				Date of Receipt								
	g Address 103 BUSH AVENUE APT. #2			12 31 2015									
City STATI	EN ISLAND	State NY	Zip Code 10303	Transaction ID : SA11AI.16333 Amount of Each Receipt this Period									
	D number of contributing I political committee.	С					,				25.	00	
STELL	of Employer A ORTON HOME CARE AGENCY	Occupation HOME HE	ALTH ATTENDANT		PAYRO	DLL	DEDU	JCT	ION				
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00										
	ame (Last, First, Middle Initial) A BARVINSKY				Date of Receipt								
	GAddress 120 DEKRUIF PLACE # 18	J State	Zip Code										
City Bronx		_					SA11AI.						
	D number of contributing I political committee.												
Queen	of Employer s Hosp Ctr-Mt Sinai Affil	Occupation UI Tch Reg			- PAYROLL DEDUCTION								
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00										
	ame (Last, First, Middle Initial) RA BEHROOZI				Date of	of R	eceipt	t					
	J Address 123 LINCOLN PLACE				M 07	Л		31	/ Y)15	Y	
City BROC	DKLYN	State NY	Zip Code 11217	_					SA11AI. eceipt th				
	D number of contributing I political committee.	С			PAYRO					_	150.	00	
Name	of Employer	Occupation	1		PAIR		DEDU		ION				
	al Benefit Fund-1199	Executive [Director										
	of For: Primary General Other (specify) ▼												
SUBTOT	TAL of Receipts This Page (optional) This Period (last page this line number				[].	-	5	-		-	205.(00	

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	1199 SERVICE EMPLOYEES I	NT'L UNI	ON FEDERAL POLITI		ACT	10	N FL	JND				
Α.	Full Name (Last, First, Middle Initial) MITRA BEHROOZI			Date of Receipt								
	Mailing Address 123 LINCOLN PLACE			08 31 2015								
	City	State	Zip Code		Trans	acti	ion ID :	SA11AI.1	16337	,		
BROOKLYN		NY	11217		Amount	of	Each F	Receipt thi	is Per	riod		
	FEC ID number of contributing federal political committee.	С		150.00								
	Name of Employer	Occupation		P	AYROL	_L C	DEDUC	TION				
	National Benefit Fund-1199	Executive E	Director									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		900.00									
В.	Full Name (Last, First, Middle Initial) MITRA BEHROOZI				Date of	Re	eceipt					
Mailing Address 123 LINCOLN PLACE					09 30 Y Y Y Y Y 2015							
	City	State Zip Code							6338			
	BROOKLYN	NY	11217		Amount	of	Each F	Receipt thi	is Per	riod		
	FEC ID number of contributing federal political committee.	С		PAYROLL DEDUCTION								
	Name of Employer	Occupation	I	- P.	AYROL	L D	EDUC	TION				
	National Benefit Fund-1199	Executive D	Director	_								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		1050.00									
C.	Full Name (Last, First, Middle Initial) MITRA BEHROOZI				Date of	Re	eceipt					
	Mailing Address 123 LINCOLN PLACE				м м 10	/	D 31		2018		Y	
	City BROOKLYN	State NY	Zip Code 11217					SA11AI.				
			11217	- '	Amount	of	Each F	Receipt thi	is Per	riod	_	
	FEC ID number of contributing federal political committee.	С			PAYROI		/			150.	00	1
	Name of Employer	Occupation		- '	AINOL			non				
	National Benefit Fund-1199	Executive [Director	_								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_								
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)	ייאי דיו וידיו		~ ^ ı	<u>م</u> م	τıα	ישי ואי		`					
	1199 SERVICE EMPLOYEES II	NTL UNI	UN FEDERAL POLITI	JAL	. AC			UNL	ן					
Α.	Full Name (Last, First, Middle Initial) MITRA BEHROOZI				Date	of R	eceint							
Α.	Mailing Address 123 LINCOLN PLACE					M /	· ·	D /	Y	Y Y	Y			
	<u></u>	<u> </u>	7'- 0	11 <u>30</u> 2015										
	City BROOKLYN	State NY	Zip Code 11217	Transaction ID : SA11AI.16340 Amount of Each Receipt this Period										
	FEC ID number of contributing	_		-	Amou	nt of	⊨acn	несе	ipt this		_			
	federal political committee.	С			L.		y		7	150.				
	Name of Employer	Occupation		- I	PAYR	OLL I	DEDUC	CTION	1					
	National Benefit Fund-1199	Executive E	Director											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		1350.00											
	, , , , , , , , , , , , , , , , ,		/5 /5 /8											
	Full Name (Last, First, Middle Initial)				Data	of D	000:04							
D.	Mailing Address 123 LINCOLN PLACE						Date of Receipt							
					12 31 2015									
	City	State	Zip Code						1AI.16					
	BROOKLYN	NY	11217	_	Amou	nt of	Each	Recei	ipt this	Period				
	FEC ID number of contributing federal political committee.	С		150.00 PAYROLL DEDUCTION										
	Name of Employer	Occupation												
	National Benefit Fund-1199	Executive D	Director											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) V		1500.00											
<u>с</u> .	Full Name (Last, First, Middle Initial)				Date	of Re	eceipt							
	Mailing Address 15172 92nd Ct N				M		D			Y Y Y	Y			
	City	State	Zip Code	-	12 Trai		3 [.] tion ID		11AI.16	2015 3 45				
	West Palm Beach	FL	33412-2501							Period				
	FEC ID number of contributing	С								40	00			
	federal political committee.	U							7	+0				
	Name of Employer	Occupation	I	'	PAYR	JLL	DEDUC		N					
	MERIDIAN NURSING & REHAB	CERTIFIED	NURSING ASSISTANT	_										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		240.00											
			7 7											
										340.	00			
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UN	ION FEDERAL POLITI	CAL ACTION FUND
A. Full Name (Last, First, Middle Initial) Mailing Address 555 Edgecombe Ave City New York	State NY	Zip Code 10032	Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.16343 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Mt Sinai Hospital Receipt For: □ Primary □ General Other (specify) ▼	C Occupation Mntl hlth as Aggregate		PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) B. Jean Berg Mailing Address 18633 Oak Way Dr City Hudson FEC ID number of contributing federal political committee. Name of Employer Spring Hill Health & Rehab Center Receipt For: Primary General Other (specify) ▼		Zip Code 34667-5137 D NURSES AIDE Year-to-Date ▼ 360.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16347 Amount of Each Receipt this Period 160.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) BERTHINA BERTHIER Mailing Address 4107 ROYAL BANYON DRIV APT. 97 City TAMPA FEC ID number of contributing federal political committee. Name of Employer SOUTH TAMPA HEALTH & REHAB Receipt For: Primary General Other (specify)	State FL Occupation CERTIFIEI	Zip Code 33160 D NURSING ASSISTANT Year-to-Date ▼ 287.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		•••••	257.00
TOTAL This Period (last page this line number	only)	••••••	

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Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UN	ION FEDERAL POLITI	CAL ACTION FUND
Full Name (Last, First, Middle Initial) Joy Melody Besinan Mailing Address 55-19 69th Place City Maspeth FEC ID number of contributing federal political committee. Name of Employer Brookdale Hospital Medical Center (RN) Receipt For: Primary General Other (specify) ▼	State NY C Occupation Registered Aggregate		Date of Receipt 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 FEC ID number of contributing federal political committee. Name of Employer Palms West Hospital Receipt For: Primary General Other (specify) ▼	State FL Occupation Patient Car Aggregate		Date of Receipt 12 31 2015 Transaction ID : SA11AI.16353 Amount of Each Receipt this Period 40.00 40.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) JUNE BLAIN Mailing Address 1333 Watchung Ave City Plainfield FEC ID number of contributing federal political committee. Name of Employer National Benefit Fund-1199 Receipt For: Primary General Other (specify) ▼	State NJ C Occupation DIRECTOF Aggregate		Date of Receipt M / D / 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). TOTAL This Period (last page this line number		r	

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Any information copied from such Reports and or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNIC	ON FEDERAL POLITI	CAL ACTION FUND					
Full Name (Last, First, Middle Initial) MILLICENT BLAIR Mailing Address 605 E 169TH ST., 3E City BRONX FEC ID number of contributing federal political committee. Name of Employer BEST CARE INC. Receipt For: Primary General Other (specify)		Zip Code 10456 TH ATTENDANT ⁄ear-to-Date ▼ 430.00	Date of Receipt 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 FEC ID number of contributing federal political committee.	State NY C	Zip Code 11207	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16361 Amount of Each Receipt this Period 20.00					
Name of Employer CARE AT HOME DIOCESE BROOKLYN Receipt For: Primary General Other (specify)	1	TH ATTENDANT ⁄ear-to-Date ▼ 220.00	PAYROLL DEDUCTION					
Full Name (Last, First, Middle Initial) Wiljanda Boatwright Mailing Address unknown City unknown FEC ID number of contributing federal political committee. Name of Employer National Benefit Fund - 1199 Receipt For: Primary General Other (specify) ▼	State NY C Occupation unknown Aggregate Y	Zip Code 10000 /ear-to-Date ▼ 237.50	Date of Receipt 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 numbe			287.50					

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13	11b 14	11c	12 16	17
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	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	NT'L UNI	ON FEDERAL POLIT	ICAL .	ACTI	ON Fl	JND		
A.	Full Name (Last, First, Middle Initial) MARIE BOLIVAR Mailing Address 3801 AVE M, #1 City BROOKLYN FEC ID number of contributing federal political committee. Name of Employer FCPC COMMUNITY AFFAIRS HSKP Receipt For: Primary General Other (specify) ▼		Zip Code 11234 ALTH ATTENDANT Year-to-Date ▼ 220.00	A	Amount	/ J 31 ction ID	: SA11AI. Receipt th	is Perioc	
	Full Name (Last, First, Middle Initial) JEANNIE BONVINO Mailing Address 777 AVENUE Z City BROOKLYN FEC ID number of contributing federal political committee. Name of Employer Beth Israel Kings Highway Receipt For: Primary General Other (specify) ▼	State NY Occupation TECHNICIA Aggregate		A	Amount	/ J 31 ction ID :	SA11AL.	is Perioc	ý 5.65
C.	Full Name (Last, First, Middle Initial) Mabel Boria Mailing Address 8510 21st Avenue City Brooklyn FEC ID number of contributing federal political committee. Name of Employer Lutheran Medical Center Receipt For: Primary General Other (specify) ▼		Zip Code 11214 Service Associate Year-to-Date ▼ 230.00	A	Amount	/ January Janu	: SA11AI. Receipt th	is Perioc	Y d 0.00
	UBTOTAL of Receipts This Page (optional)			- i		7		266	5.65
Т	OTAL This Period (last page this line number of	nly)		► L	_	7	7		

SCHEDULE A (FEC Form 3X) DECEIDEC

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEE	ES INT'L UNI	ON FEDERAL POLIT	CAL ACTION FUND						
A. Full Name (Last, First, Middle Initial) A. LAWRENCE BORTOLUZZI Mailing Address 759 PRESIDENT STREE APT. 1C City BROOKLYN	State NY	Zip Code 11215	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16371 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee. Name of Employer SERVICE EMPLOYEES INT'L UNION Receipt For:		COORDINATOR Year-to-Date ▼ 220.00	PAYROLL DEDUCTION						
Gloriana Brann Mailing Address 13355 Persimmon Blvd	Date of Receipt								
City West Palm Beach FEC ID number of contributing federal political committee. Name of Employer St Mary Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	State FL Occupation REGISTER Aggregate		12 31 2015 Transaction ID : SA11AI.16373 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION						
C. BONITA BROWDER Mailing Address 150 EAST 18TH ST., 4A City BROOKLYN FEC ID number of contributing federal political committee. Name of Employer HOPKINS CENTER Receipt For: □ Primary □ General Other (specify) ▼	State NY C Occupation CERTIFIED	Zip Code 11226 • NURSING ASSISTANT Year-to-Date ▼ 220.00	Date of Receipt Date of Receipt 12 31 2015 Transaction ID : SA11AI.16376 Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION						
SUBTOTAL of Receipts This Page (option	al)		80.00						

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	S INT'L UNIO	N FEDERAL POLITI	CAL ACTION FUND
A. LLOYD BROWN Mailing Address 1160 EAST 229th STREE City Bronx	T State NY	Zip Code 10466	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16380 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Rite Aid Receipt For: ☐ Primary ☐ General Other (specify) ▼	C Occupation UN Shift Supe Aggregate Ye		30.88 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) B. Michael BROWN Mailing Address 10380 Belltower St City Spring Hill FEC ID number of contributing federal political committee. Name of Employer Spring Hill Health & Rehab Center Receipt For: Primary General Other (specify) ▼	State FL C Occupation COOK Aggregate Ye	Zip Code 34608-2005 ar-to-Date ▼ 242.00	Date of Receipt Date of Receipt 12 31 2015 Transaction ID : SA11AI.16382 Amount of Each Receipt this Period 42.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) Zola BROWN Mailing Address 83 Roslyn St City Rochester FEC ID number of contributing federal political committee. Name of Employer National Benefit Fund-1199 Receipt For: Primary General Other (specify) ▼	State NY C Occupation Benefit Coord Aggregate Ye		Date of Receipt 12 31 2015 Transaction ID : SA11AI.16378 Amount of Each Receipt this Period 100.00 PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			

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		Detailed Summary Page		< 11 13		\vdash	11b 14	\vdash	11c	12		17	
	y information copied from such Reports and S for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNI	ON FEDERAL POLITI	CAL	. A(ст	ΊC)N F	1U ⁻	ND			
Α.	Full Name (Last, First, Middle Initial) ALEXA BRUECKNER Mailing Address UNKNOWN				e of	_	eceipt	t	/ Y	Y	Y	Y	
	City State Zip Code							tion II		SA11AI			
	FEC ID number of contributing federal political committee.	ů – Elektrik						Each , DEDU		eceipt th		iod 40.(00
	Name of Employer MONTEFIORE MT VERNON HOSPITAL Receipt For: Primary General Other (specify)	Year-to-Date ▼ 240.00			_		_		-				
в.	Full Name (Last, First, Middle Initial) JUDLYNE BRUN Mailing Address 2363 GRAND AVENUE		Date of Receipt										
	City BALDWIN	State NY	Zip Code 11510	12 31 2015 Transaction ID : SA11AI.16387 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee. Name of Employer ST. JOHN'S EPISCOPAL-SOUTH SHO	political committee.				\OL	_L C	, DEDU	CTI	ON		25.0	00
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00										
C.	Mailing Address 726 52ND STREET				M	e of ™ 2			t 31	/ Y	2015		Y
	BSMT City BROOKLYN	State NY	Zip Code 11220-2805		Tr	ans		tion II	D : S	SA11AI eceipt th	.16389		
	FEC ID number of contributing federal political committee.	С					_	7		,	2	240.	00
	Name of Employer	Occupation PATIENT S	SERVICE ASSOCIATE		PAYROLL DEDUCTION								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 440.00										
s	UBTOTAL of Receipts This Page (optional)			•				3	_	7	3(05.0	00
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	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L I										
Full Name (Last, First, Middle Initial) ANA BRUNSON Mailing Address 6012 37TH AVENUE		Date of Receipt								
City Stat	Zip Code	12 31 2015								
HYATTSVILLE MD	20782	Transaction ID : SA11AI.16392 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.		50.00								
Name of Employer Occup UNITED MEDICAL CENTER UNKN		PAYROLL DEDUCTION								
Receipt For: Aggre Primary General Other (specify) ▼	ate Year-to-Date ▼ 250.00]								
Full Name (Last, First, Middle Initial) B. Juanita Bryant		Date of Receipt								
Mailing Address 760 NW 83rd Ter		M M / D D / Y Y Y Y Y 12 31 .2015 Transaction ID : SA11AI.16394 Amount of Each Receipt this Period								
City Stat Miami FL	Zip Code 33150-2704									
FEC ID number of contributing federal political committee.		30.00								
	tion I Nursing Assistant	PAYROLL DEDUCTION								
Receipt For: Aggre Primary General Other (specify) ▼	ate Year-to-Date ▼ 230.00]								
Full Name (Last, First, Middle Initial) C. AVEN BRYANT JR		Date of Receipt								
Mailing Address 728 EAST 21 ST, APT 5		12 31 2015								
City Stat BALTIMORE MD	Zip Code 21218	Transaction ID : SA11AI.16397 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.		1.64								
Name of Employer Occup	tion	PAYROLL DEDUCTION								
Poppint For:										
Primary General Other (specify) ▼	ate Year-to-Date ▼ 201.64	1								
SUBTOTAL of Receipts This Page (optional)		81.64								
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	y information copied from such Reports and S for commercial purposes, other than using the				for the		bose of	soliciting			
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES										
A.	Full Name (Last, First, Middle Initial) NUBIA BUITRAGO Mailing Address 37-31 73RD STREET APT. 9N City JACKSON HEIGHTS FEC ID number of contributing federal political committee. Name of Employer PARTNERS IN CARE Receipt For: Primary General Other (specify) ▼	State NY C Occupation HOME HEA Aggregate				/ acti ∶of	31 <u>on ID :</u> Each R	SA11AI. ⁴	20 1 639		00
В.	Full Name (Last, First, Middle Initial) SHELTON DENNIS BULLOCK Mailing Address 193 AUBORN AVENUE City SHIRLEY FEC ID number of contributing federal political committee. Name of Employer CENTER LODGE NURSING HOME Receipt For: Primary General Other (specify)	State NY C Occupation UNKNOWN Aggregate				/ actin	31 on ID : Each R	SA11AI.1		15 0	Ÿ 00
C.	Full Name (Last, First, Middle Initial) Monica Burgess Mailing Address 1530 NW 174 STREET City Miami FEC ID number of contributing federal political committee. Name of Employer North Shore Medical Center Receipt For: Primary General Other (specify)		Zip Code 33169 RED NURSE Year-to-Date ▼ 230.00			/ acti ∶of	31 ion ID : Each R	SA11AI.	20 1 640		Ÿ 00
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	S INT'L UNIC	ON FEDERAL POLITI	CAL ACTION FUND
Full Name (Last, First, Middle Initial) Brian Burke Mailing Address 209 W. 118TH STREET City New York FEC ID number of contributing federal political committee. Name of Employer Montefiore Hospital Receipt For: Primary General Other (specify) ▼		Zip Code 10026 S LIASN II CMO fear-to-Date ▼ 275.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16404 Amount of Each Receipt this Period 75.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) Kevin Burke Mailing Address 606 17TH AVENUE City Neptune FEC ID number of contributing federal political committee. Name of Employer Meridian Nursing & Rehab. Receipt For: Primary General Other (specify) ▼		Zip Code 07719 ENTAL SERVICE AIDE ear-to-Date ▼ 240.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. SAILY CABRAL Mailing Address 45 SCOOTER LANCE City HICKSVILLE FEC ID number of contributing federal political committee. Name of Employer 1199 SEIU Receipt For: Primary General Other (specify)	State NY C Occupation VICE PRESI Aggregate Y	Zip Code 11801-6416 DENT //ear-to-Date ▼ 300.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional).			
TOTAL This Period (last page this line numb	er only)	••••••	•

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEE	ES INT'L UNI	ON FEDERAL POLITI	CAL ACTION FUND
Full Name (Last, First, Middle Initial) A. MARIE CADET Mailing Address 12215 N.W. 18 PI. City Miami	State FL	Zip Code 33167	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Franco Nursing Home - Tandem Receipt For:		rsing Assistant Year-to-Date ▼ 250.00	PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) ARNOLD CALDERON Mailing Address 2578 BROADWAY, # 12: City NEW YORK FEC ID number of contributing federal political committee. Name of Employer ALLIANCE HOME SERVICES, INC. Receipt For: Primary General Other (specify)	State NY C Occupation HOME ATT		Date of Receipt
Full Name (Last, First, Middle Initial) JO-ANNA CALICA Mailing Address 411 NW 87TH DRIVE, A City PLANTATION FEC ID number of contributing federal political committee. Name of Employer WESTSIDE REGIONAL MEDICAL Receipt For: Primary General Other (specify)	State FL Occupation REGISTER	Zip Code 33324 ED NURSE II Year-to-Date ▼ 240.00	Date of Receipt
SUBTOTAL of Receipts This Page (option	al)		130.00
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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
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	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNI	ION FEDERAL POLITI	CAL ACTION FUND								
Α.				Date of Receipt								
	Mailing Address 30 HAMILTON PLACE, 138 S	STREET	Zip Code	12 31 2015 Transaction ID : SA11AI.16419								
	NEW YORK	NY	10031	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		60.00								
	Name of Employer	Occupation	1	PAYROLL DEDUCTION								
	HERITAGE HEALTH & HOUSING INC.	RESIDENC	CE COUNSELOR									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00									
в.	Full Name (Last, First, Middle Initial) Mercedes Cameron			Date of Receipt								
	Mailing Address 61 W NORTHRUP PLACE			12 31 2015								
	City Buffalo	State NY	Zip Code 14214	Transaction ID : SA11AI.16421 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		20.00								
	Name of Employer Weinberg Campus	Occupation DIETARY A		- PAYROLL DEDUCTION								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00									
с.	Full Name (Last, First, Middle Initial) WILLIAM CAMPBELL			Date of Receipt								
	Mailing Address 302 ANDROS AVENUE			12 31 / Y Y Y Y 12 12 12 12 12 12 12 12 12 12 12 12 12 1								
	City STATEN ISLAND	State NY	Zip Code 10303	Transaction ID : SA11AI.16423 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		25.00								
	Name of Employer	Occupation	1	PAYROLL DEDUCTION								
	STATEN ORTON HOME CARE AGENCY	PERSONA	L CARE ASSISTANT									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00									
┢	CUBTOTAL of Receipts This Page (optional)			105.00								

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEE	S INT'L UNI	ON FEDERAL POLITI	ICAL ACTION FUND
Full Name (Last, First, Middle Initial) A. Elizabeth Cangelosi Mailing Address 3614 Ave K City Brooklyn FEC ID number of contributing	State NY	Zip Code 11210	Date of Receipt
federal political committee. Name of Employer Center For Nursing Rehab Receipt For: Primary General Other (specify) ▼	C Occupation Relief Opera Aggregate	ator Year-to-Date ▼ 220.00	PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) John Capel Jr, Mailing Address 2584 Running Oak Ct City Spring Hill FEC ID number of contributing federal political committee. Name of Employer Oak Hill Svc & Tech Receipt For: Primary General Other (specify) ▼	State FL C Occupation Transporter Aggregate	Zip Code 34608-4451 Year-to-Date ▼ 230.00	Date of Receipt 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 GUER Mailing Address 117 SHERMAN AVE, 24 City NEW YORK FEC ID number of contributing federal political committee. Name of Employer BEST CARE, INC. Receipt For: Primary General Other (specify) ▼	State NY C Occupation HOME HEA	Zip Code 10034 LTH ATTENDANT Year-to-Date ▼ 440.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		290.00
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> 1199 SERVICE EMPLOYEE	SINTLUN	ON FEDERAL POLITI		. AC I		IN FUI	ND											
Full Name (Last, First, Middle Initial)				Date o	f Ro	coint												
Mailing Address 327 SAINT NICHOLAS A	VENUE					· ·	/ 7	Y	Y	V								
APT. 2N				12	ľ	31	, .	201		·								
City	State	Zip Code	Transaction ID : SA11AI.16432															
NEW YORK	NY	10027-3609		Amoun	t of	Each Re	eceipt th	is Per	iod									
FEC ID number of contributing federal political committee.	C					7	7		50.0									
Name of Employer	Occupation	1		PAYRO		DEDUCTI	ION											
1199 SEIU	DIRECTOF	R																
Receipt For:	Aggregate	Year-to-Date ▼																
Primary General Other (specify)		250.00	11															
		200.00																
Full Name (Last, First, Middle Initial) B. SALLY CARLISLE	I			Date o	f Re	ceipt												
Mailing Address 115 MAY FAIR CIRCLE				M M		DD	/ Y	Y	Y	4								
								12 31 2015										
City	State	Zip Code	Transaction ID : SA11AI.16434 Amount of Each Receipt this Period															
SANFORD	FL	32771																
FEC ID number of contributing federal political committee.	C					- 1		40.0	0									
Name of Employer	Occupation	1		PAYROLL DEDUCTION														
Lake Mary Health & Rehab Ctr	CERTIFIED	NURSING ASSISTANT																
Receipt For:	Aggregate	Year-to-Date V																
Other (specify) ▼		, 240.00																
Full Name (Last, First, Middle Initial) C. LIGAYA CASCONE				Date o	f Re	eceipt												
Mailing Address 228 SAND LANE				м м 12	/	31	/ Y	2015		r								
City	State	Zip Code	\neg		act	ion ID : S	SA11AL											
STATEN ISLAND	NY	10305				Each Re												
FEC ID number of contributing	С								10.0	10								
federal political committee.	C					7			10.0									
Name of Employer	Occupation	1		PAYRO		DEDUCT	ION											
STELLA ORTON HOME CARE AGENCY	HOME HE	ALTH ATTENDANT																
Receipt For:	Aggregate	Year-to-Date V																
Primary General Other (specify)		210.00	11															
	7																	
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ITEMIZED RECEIPTS			for each categor Detailed Summa		X 11a 11b 11c 12 13 14 15 16 17
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	AME OF COMMITTEE (In Full) 199 SERVICE EMPLOYEES IN	NT'L UNI	ON FEDERA	L POLITIC	AL ACTION FUND
	ALYSSA CASE ailing Address 2781 GORTON ROAD ty ORNING EC ID number of contributing deral political committee.	State NY	Zip Code 14830		Date of Receipt
C	ame of Employer ORNING CENTER FOR REHAB. ecceipt For: Primary General Other (specify)		PRACTICAL NURS Year-to-Date ▼	E 220.00	PAYROLL DEDUCTION
B. <u>N</u> Mi Ci B FE fe Na HE	III Name (Last, First, Middle Initial) ARIE CASTOR ailing Address 64 JESUP PLACE, APT A3 ty RONX EC ID number of contributing deral political committee. ame of Employer ERITAGE HEALTH & HOUSING INC. eceipt For: Primary General Other (specify) ▼	State NY C Occupation UNKNOWN Aggregate		250.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16441 Amount of Each Receipt this Period 50.00 PAYROLL DEDUCTION
C. L Mi Ci U FE fe Na Na	III Name (Last, First, Middle Initial) AURA CESPEDES ailing Address UNKNOWN ty INKNOWN EC ID number of contributing deral political committee. ame of Employer ERITAGE HEALTH & HOUSING INC. eceipt For: Primary General Other (specify) ▼	State C Occupation UNKNOWN Aggregate		260.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16444 Amount of Each Receipt this Period 60.00 PAYROLL DEDUCTION
SUE	BTOTAL of Receipts This Page (optional)			····· •	130.00
тот	AL This Period (last page this line number of	only)		····· ►	

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNION FEDERAL POLITI	CAL ACTION FUND
Full Name (Last, First, Middle Initial) Roy Ceurvels Jr Mailing Address 8422 Valmora St City Spring Hill FEC ID number of contributing federal political committee. Name of Employer	State Zip Code FL 34608-6049 C	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16446 Amount of Each Receipt this Period 30.00 PAYROLL DEDUCTION
Palms West Hospital Receipt For: Primary General Other (specify) ▼	STERILE PROCESSING TECH Aggregate Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) B. PATRICIA CHAMBERS Mailing Address 206 HUNTINGTON DRIVE City MASTIC BEACH FEC ID number of contributing federal political committee.	State Zip Code NY 11951	Date of Receipt 12 1 2015 Transaction ID : SA11AI.16448 Amount of Each Receipt this Period 40.00
Name of Employer CEDAR LODGE NURSING HOME Receipt For: Primary General Other (specify) ▼	Occupation UNKNOWN Aggregate Year-to-Date ▼ 240.00	PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) C. Joan Chapman Mailing Address 1300 Pine Lake Rd City Orlando FEC ID number of contributing federal political committee. Name of Employer Rosewood Health & Rehab Center Receipt For: Primary General Other (specify)	State Zip Code FL 32808-6323 C Occupation COOK Aggregate Year-to-Date ▼ 240.00	Date of Receipt 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		

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using th	Statements may not be sold or used by any ne name and address of any political committ	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNION FEDERAL POLIT	FICAL ACTION FUND
Full Name (Last, First, Middle Initial) A. OLIVE CHARLES Mailing Address 7210 Patterson Street City Lanham FEC ID number of contributing federal political committee. Name of Employer Communicare - Forestville Receipt For: Primary General Other (specify) ▼	State Zip Code MD 20706 C Occupation Geriatric Nurse Aide Aggregate Year-to-Date ▼ 240.00	Date of Receipt 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 FEC ID number of contributing federal political committee. Name of Employer West Boca Medical Center Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33437-7906 C Occupation Occupation MONITOR TECH Aggregate Year-to-Date ▼ 480.00	Date of Receipt 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 FEC ID number of contributing federal political committee. Name of Employer PROMENADE NURSING HOME Receipt For: Primary General Other (specify) ▼	State Zip Code NY 11377 C Occupation NURSE AIDE Aggregate Year-to-Date ▼ 240.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16457 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION
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Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNION FEDE	ERAL POLITI	CAL ACTION FUND
Full Name (Last, First, Middle Initial) A. Shirley Cher-aime Mailing Address 2273 NW 81 AVE City Sunrise FEC ID number of contributing	State Zip Code FL 33322	•	Date of Receipt M / P / Y
federal political committee. Name of Employer North Shore Medical Center Receipt For: □ Primary □ Other (specify) ▼	Occupation REGISTERED NURSE Aggregate Year-to-Date	230.00	PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) NATALI CHERVONY Mailing Address 122 BRAISTED AVENUE City STATEN ISLAND FEC ID number of contributing federal political committee. Name of Employer STELLA ORTON HOME CARE AGENCY Receipt For: Primary General Other (specify) ▼	State Zip Code NY 10314 C Occupation PERSONAL CARE ASSIS Aggregate Year-to-Date Y	STANT	Date of Receipt 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, AF City BRONX FEC ID number of contributing federal political committee. Name of Employer MONTEFIORE MT VERNON HOSPITAL Receipt For: Primary General Other (specify)	T 1A State Zip Code NY 10458 C Occupation CASHIER Aggregate Year-to-Date		Date of Receipt 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 numbe			

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

Use separate schedule(s) for each category of the

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the		person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNION FEDERAL POLIT	ICAL ACTION FUND
Full Name (Last, First, Middle Initial) A. Kenroy Clark Mailing Address 4528 Hill Avenue City Bronx FEC ID number of contributing federal political committee. Name of Employer Workmens Circle Receipt For: Primary General Other (specify)	State Zip Code NY 10466 C Occupation Housekeepers NS Aggregate Year-to-Date ▼ 240.00	Date of Receipt 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 YONKERS FEC ID number of contributing federal political committee. Name of Employer St John's Riverside Hospital Receipt For: Primary General Other (specify) ▼	State Zip Code NY 10703-3202 C Occupation REGISTRAR Aggregate Year-to-Date ▼ 240.00 240.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16473 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) ELMA CLARKE Mailing Address 301 Houston Woods Ct City Orlando FEC ID number of contributing federal political committee. Name of Employer The Parks Health Care & Rehabilitation Receipt For: Primary General Other (specify) ▼	State Zip Code FL 32824-9355 C Occupation Occupation CERTIFIED NURSES AIDE Aggregate Year-to-Date ▼ 260.00	Date of Receipt 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 numbe		

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			Detailed Summary Pa			× 11a	a	_	11b	11c	12		<u> </u>					
Any information cop	pied from such Reports and	d Statements ma	Ay not be sold or used b	by any per	rson	for th	ne p	ourpc	14 Dse of	15 soliciting	g contr	ibutio	0ns					
	ourposes, other than using	the name and a	ddress of any political c	committee	to s	Olicit	cont	ribui	tions 1	from suc	n comi	nitte	e.					
	MITTEE (In Full) /ICE EMPLOYEES	S INT'L UNI	ON FEDERAL P	OLITIC	CAL	_ AC	TI	٥N	N FU	IND								
	Full Name (Last, First, Middle Initial) THOMAS CLOUTIER								Date of Receipt									
Mailing Address	Mailing Address 2462 VALENTINE AVENUE								12 31 2015									
City		State	Zip Code			Tra	nsa	ctio	n ID :	SA11AI.								
BRONX		NY	10458-5369			Amo	unt	of E	ach F	Receipt th	nis Per	iod						
FEC ID number federal political o	0	C								7		33.4	42					
Name of Employ	/er	Occupation			-	PAYR	OLL	L DE	DUC	TION								
ST. BARNABAS	HOSPITAL	LAB TECH	NOLOGIST															
Receipt For:		Aggregate	Year-to-Date ▼		-													
Primary	General	, iggi oguto																
Other (spe	ecify) 🔻		23	33.42														
	Full Name (Last, First, Middle Initial)							Rece	eipt									
Mailing Address	Mailing Address 125 Sterling Street Apt. 2						^M 2	/	D I I 31) / Y	2015		Y					
City	City State Zip Code								Transaction ID : SA11AI.16477									
Brooklyn		NY	11225			Amount of Each Receipt this Period												
	FEC ID number of contributing rederal political committee.								20.00									
Name of Employ	/er	Occupation			PAYROLL DEDUCTION													
Meadow Park Nu	ursing Home	Certified Nu	Irsing Aide															
Receipt For:		Aggregate	Year-to-Date ▼															
Primary	General	- iggi egune																
Other (spe	ecify) 🔻		, , , , , , , , , , , , , , , , , , , ,	20.00														
Full Name (Last C. MARIA CO	, First, Middle Initial) LLADO	·				Date	of I	Rece	eipt									
Mailing Address	1755 SEDDON STREET					M 1:		/	31		2015		Y					
City		State	Zip Code			Tra	insa	ictio	n ID :	SA11AI	.16478							
BRONX		NY	10461			Amo	unt	of E	ach F	Receipt th	is Per	iod						
FEC ID number federal political o	0	С						3		7	2	240.0	00					
Name of Employ	yer	Occupation	1		-	PAYF	KOLL	LDE	EDUC	IION								
ALLIANCE HOM	IE SERVICES INC.	HOME ATT	ENDANT															
Receipt For:			Year-to-Date ▼		1													
Primary	General																	
Other (spe	ecify) 🔻		46	60.00														
SUBTOTAL of Re	ceipts This Page (optional)							J		1	2	93.4	2					

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Use separate schedule(s) for each category of the

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	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose o	f soliciting	g contril	outio	ons	
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES II											
Α.	Full Name (Last, First, Middle Initial) JUSTIN CORCHADO Mailing Address 10 15 PONSI STREET				Date of Receipt							
	City FORT LEE		12 31 2015 Transaction ID : SA11AI.16481 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		P	PAYROLL DEDUCTION					00		
	Name of Employer THE RIVERSIDE Receipt For:	Occupation DIETARY A Aggregate					.2000					
	Primary General Other (specify)		210.00									
B.	Full Name (Last, First, Middle Initial) AGNES CORK						Date of Receipt					
	Mailing Address 1265 EAST 83RD STREET		12 31 2015 Transaction ID : SA11AI.16484									
	BROOKLYN	State NY	Zip Code 11236					<u>: SA11AI.</u> Receipt th		bc		
	FEC ID number of contributing federal political committee.	С		PAYROLL DEDUCTION								
	Name of Employer PEOPLE CARE											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00									
C.	Full Name (Last, First, Middle Initial) Marcia Cousins				Date of	f Re	ceipt					
	Mailing Address 3452 CORSA AVE APT 4C	01.1	Zie Ooste		12 31 Y Y Y Y 12 12 12 12 12 12 12 12 12 12 12 12 12 1						ſ	
	City Bronx	State NY	Zip Code 10469-1857					: SA11AI Receipt th		bd		
	FEC ID number of contributing federal political committee.	С								60.0	00	
	Name of Employer	Occupation			YAYRO	LL C	PEDUC	TION				
	Throgs Neck Extended Care Receipt For:	Nursing	Year-to-Date ▼	_								
	Primary General Other (specify) ▼											
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	ny information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)											
	1199 SERVICE EMPLOYEES I	NT'L UNI	ON FEDERAL POLITIC	CAI	_ ACT	'IO	N FL	JND				
Α.	Full Name (Last, First, Middle Initial) DENA CRAWFORD				Date of Receipt							
	Mailing Address 4804 IVERSON PLACE	12 31 _ 2015 _										
	City	State	Zip Code	Transaction ID : SA11AI.16488								
	TEMPLE HILLS	MD	20748	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					,	7		40.	00	
	Name of Employer	Occupation	1	-	PAYRO		DEDUC	TION				
	Communicare - Forestville	Geriatric Nu	urse Aide									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)		240.00									
B	Full Name (Last, First, Middle Initial)		Date of	f Re	eceint							
	Mailing Address 2005 E. Lanvale Street											
	City	State	Zip Code	_	12		31			015		
	Baltimore	MD	21213					SA11AL				
	FEC ID number of contributing	0		Amount of Each Receipt this Period							-	
	federal political committee.	С		100.00							00	
	Name of Employer	Occupation	1	PAYROLL DEDUCTION								
	1199 SEIU	ORGANIZE	R									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		300.00									
			, , , ,									
C.	Full Name (Last, First, Middle Initial) MANDEE CRUMPTON				Date of	f Re	eceipt					
	Mailing Address 821 N. CENTRAL AVENUE				M M 12	/	31			015	Y	
	City	State	Zip Code		Trans	act	ion ID	SA11AI.	164	94		
	BALTIMORE	MD	21202		Amount	t of	Each F	Receipt th	is F	Period		
	FEC ID number of contributing federal political committee.	С								20	.00	
		Occupation			PAYRO		DEDUC	TION				
	Name of Employer											
	ENVOY OF PIKESVILLE Receipt For:	UNKNOWN		_								
	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		220.00									
Г					_				_		_	
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		Detailed Summary Page		11a 13		11b 14	11c	12	17				
Any information copied from such Reports and Sta or for commercial purposes, other than using the				for the		oose of	soliciting	g contribu	utions				
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN													
Full Name (Last, First, Middle Initial) JENNIFER CRUZ Mailing Address 788 FOX STREET, APT SUPT				Date of		ceipt	/ Y	YY	Y				
City BRONX	State NY	Zip Code 10455	_				SA11AI.	2015 16497 iis Perioc	1				
FEC ID number of contributing federal political committee.	С					,			0.00				
Name of Employer HERITAGE HEALTH & HOUSING INC. Receipt For:	Occupation HOUSEKE	EPING	F	PAYROI	LL D	EDUCT	ION						
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00											
Full Name (Last, First, Middle Initial) B. NONA CUISON Mailing Address 88-15 202ND STREET	NONA CUISON Mailing Address 88-15 202ND STREET City State Zip Code						Date of Receipt M M / D D / Y Y Y Y Y 12 31 Transaction ID : SA11AI.16500 Amount of Each Receipt this Period						
City HOLLIS													
FEC ID number of contributing federal political committee.	С			20.00									
Name of Employer CLIFFSIDE NURSING HOME Receipt For:	Occupation CERTIFIED	NURSE	— F —	AYROL	L D	EDUCT	ION						
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00											
Full Name (Last, First, Middle Initial) C. Evadney Cunningham				Date of	f Re	ceipt							
Mailing Address 2148 Aldrin Road	State	Zip Code		12	/	31	/ Y SA11AI.	2015	Y				
Ocean FEC ID number of contributing	NJ	07712	_					is Perioc	1				
federal political committee.	С		6	PAYRO		EDUCT	TION	4(0.00				
Name of Employer Meridian Nursing & Rehab. @ Shrewsbury Receipt For:		ursing Assistant											
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00											
SUBTOTAL of Receipts This Page (optional)		•	- -			7	- 7	120	0.00				

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UN	ION FEDERAL POLITI	CAL ACTION FUND
A. Full Name (Last, First, Middle Initial) MARIA CURET Mailing Address 99 WAVERLY ST City YONKERS FEC ID number of contributing federal political committee.	State NY C	Zip Code 10701	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16505 Amount of Each Receipt this Period 360.00 BAYDOLL DEDUCTION
Name of Employer Best Care, INC. Receipt For: Primary General Other (specify)	Occupation HOME ATT Aggregate		PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) FROK DAKA Mailing Address UNKNOWN City UNKNOWN FEC ID number of contributing federal political committee. Name of Employer MONTEFIORE NEW ROCHELLE HOSP. Receipt For: Primary General Other (specify) ▼	State C Occupation UNKNOWN Aggregate		Date of Receipt 12 31 2015 Transaction ID : SA11AI.16508 Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) TINU MARY DARAMOLA Mailing Address 1123 MCKENNA PLACE City UNIONDALE FEC ID number of contributing federal political committee. Name of Employer Fulton Commons Receipt For: Primary General Other (specify) ▼		Zip Code 11553 THERAPIST Year-to-Date ▼ 210.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number			

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		for each category of the Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNI	ON FEDERAL PO	LITICAI	_ ACTION FUND
Full Name (Last, First, Middle Initial) HANNAH DAVIES Mailing Address 2246 7TH AVENUE APT #2 City NEW YORK FEC ID number of contributing federal political committee. Name of Employer STELLA ORTON HOME CARE AGENDY Receipt For: Primary General		ALTH ATTENDANT Year-to-Date ▼		Date of Receipt
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. SHIKILIA DAVIS Mailing Address 3 LOWNDES AVENUE. APT		230.0		Date of Receipt
City HUNTINGTON STATION FEC ID number of contributing federal political committee. Name of Employer COLD SPRING HILLS CENTER Receipt For: Primary General Other (specify) ▼	State NY C Occupation DIETARY A Aggregate			Transaction ID : SA11AI.16515 Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) DON DAZZELL Mailing Address 382 BEACH 25 ST., 2ND FL. City FAR ROCKAWAY FEC ID number of contributing federal political committee. Name of Employer ROCKAWAY HOME ATTENDANT SERV. Receipt For: Primary General Other (specify) ▼	State NY C Occupation HOME HEA	Zip Code 11691 ALTH ATTENDANT Year-to-Date ▼ 220.0	_	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			····· >	70.00
TOTAL This Period (last page this line number	only)		····· Þ	

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

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	for commercial purposes, other than using th			rson for the purpose of soliciting contributions to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNI	ON FEDERAL POLITI	CAL ACTION FUND							
Α.	Full Name (Last, First, Middle Initial) DANE ` DEANS Mailing Address 40 MORROW AVENUE, APT	SRN		Date of Receipt							
	City SCARSDALE	State NY	Zip Code 10583	12 31 2015 Transaction ID : SA11AI.16523 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		20.00							
	Name of Employer WHITE PLAINS HOSPITAL Receipt For:	Occupation FOOD SEF	RVICE	PAYROLL DEDUCTION							
	Primary General Other (specify) ▼	ary General Aggregate real-to-Date V									
в.	Full Name (Last, First, Middle Initial) CLARIBEL DE JESUS	Date of Receipt									
	Mailing Address 490 SOUTH BROADWAY APT 3C City										
	YONKERS FEC ID number of contributing federal political committee.	NY	10705	Amount of Each Receipt this Period 374.00							
	Name of Employer BEST CARE, INC.	Occupation		PAYROLL DEDUCTION							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 574.00								
с.	Full Name (Last, First, Middle Initial) JUANA DEJESUS			Date of Receipt							
	Mailing Address 1035 WOODYCREST AVEN 2E City	UE	Zip Code	12 31 2015							
	BRONX	NY	10452	Transaction ID : SA11AI.16525 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		20.00							
	Name of Employer	Occupation		PAYROLL DEDUCTION							
	STELLA ORTON HOME CARE AGENCY Receipt For: Primary General		L CARE ASSISTANT Year-to-Date ▼								
_	Other (specify)		220.00								
s	UBTOTAL of Receipts This Page (optional)		····· •	414.00							
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	IT'L UNION FEDERAL POLIT	FICAL ACTION FUND
Full Name (Last, First, Middle Initial) HELEN DELA CRUZ Mailing Address 432 Carr Street City Forked River FEC ID number of contributing federal political committee. Name of Employer Beth Israel Medical Center Petrie (RN) Receipt For: Primary General Other (specify) ▼	State Zip Code NJ 08731 C Occupation REGISTERED NURSE Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / 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) Donnie Demps Mailing Address 3520 N 23 Street City Tampa FEC ID number of contributing federal political committee. Name of Employer South Tampa Health & Rehab Ctr Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33605 C C Occupation C Housekeeping Aggregate Year-to-Date ▼ 294.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16528 Amount of Each Receipt this Period 94.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) MARIE DENIZE Mailing Address 241-15 CARNEY ROAD City JAMAICA FEC ID number of contributing federal political committee. Name of Employer 1199 SEIU RETIREE (PENSION) Receipt For: Primary General Other (specify) ▼	State NY Zip Code NY 11423 C Occupation UNKNOWN Aggregate Year-to-Date ▼ 330.00	Date of Receipt M M J J 2015 Transaction ID : SA11AI.16531 Amount of Each Receipt this Period 130.00 PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional)		

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

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Any information copied from such Reports and or for commercial purposes, other than using th		
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNION FEDERAL POLITI	CAL ACTION FUND
Full Name (Last, First, Middle Initial) Denise Dennison Mailing Address 15110 State Road 54 City Odessa FEC ID number of contributing federal political committee. Name of Employer Medical Center of Trinity Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33556-3666 C Occupation Occupation Paramedic Aggregate Year-to-Date ▼ 460.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16533 Amount of Each Receipt this Period 260.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) MAURICE DE PALO Mailing Address 2116 TOMLINSON AVE City BRONX FEC ID number of contributing federal political committee. Name of Employer MONTEFIORE HOSPITAL Receipt For: Primary General Other (specify) ▼	State Zip Code NY 10461-1202 C Occupation Pharmacist Aggregate Year-to-Date ▼ 270.00	Date of Receipt 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 UNION FEC ID number of contributing federal political committee. Name of Employer GREEN KNOLL Receipt For: Primary General Other (specify)	State Zip Code NJ 07083 C Occupation UNKNOWN Aggregate Year-to-Date ▼ 250.00	Date of Receipt 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		

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1	17					
	y information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES II	NT'L UNI	ON FEDERAL POLITI	CAL ACTION FUND						
Α.	Full Name (Last, First, Middle Initial) Kerensa Dessalines			Date of Receipt						
	Mailing Address 3330 Spanish Moss Ter Apt 407	12 31 _ 2015								
	City	State	Zip Code	Transaction ID : SA11AI.16538						
	Lauderhill	FL	33319-5062	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		280.00						
	Name of Employer	Occupation		PAYROLL DEDUCTION						
	Kendall Regional Medical Ctr.	Registered								
	Receipt For:	-	Year-to-Date ▼							
	Primary General	Ayyreyale								
	Other (specify)	L	480.00]						
	Full Name (Last, First, Middle Initial) Mariame DIANE	Date of Receipt								
	Mailing Address 1457 OGDEN AVE	12 31 2015								
	City	Transaction ID : SA11AI.16540								
	Bronx	NY	10452	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		40.00						
	Name of Employer	Occupation		PAYROLL DEDUCTION						
	Services For The Underserved	Program As	sistant							
	Receipt For:	-	Year-to-Date ▼							
	Primary General	riggiogato								
	Other (specify)	L	240.00]						
с.	Full Name (Last, First, Middle Initial) JASMINE DIAZ			Date of Receipt						
	Mailing Address 1015 ANDERSON AVENUE, A	APT 3B		M M / D D / Y Y Y Y 12 31 2015						
	City	State	Zip Code	Transaction ID : SA11AI.16543	-					
	BRONX	NY	10452	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		206.12						
	Name of Employer	Occupation	1	PAYROLL DEDUCTION						
	ST. BARNABAS HOSPITAL									
	Receipt For:		Year-to-Date ▼							
	Primary General	Aggregate								
	Other (specify)	L	406.12	1						
s	UBTOTAL of Receipts This Page (optional)			526.12						

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

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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	ICAL ACTION FUND	
Full Name (Last, First, Middle Initial) Patricia Diaz Mailing Address 2845 S Oakland Forest Dr City Oakland Park FEC ID number of contributing federal political committee. Name of Employer University Hospital Receipt For: Primary General Other (creatify)	State Zip Code FL 33309-7564 C Occupation Occupation RN Surg Svcs/OR Aggregate Year-to-Date ▼ 225.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16545 Amount of Each Receipt this Period 25.00 PAYROLL DEDUCTION
Other (specify) ▼ Full Name (Last, First, Middle Initial) ARMETA DIXON Mailing Address 7211 PRINCE GEORGE RD		Date of Receipt
City BALTIMORE FEC ID number of contributing federal political committee. Name of Employer 1199 SEIU Receipt For: ☐ Primary ☐ General Other (specify) ▼	State Zip Code MD 21207 C Occupation VICE PRESIDENT Aggregate Year-to-Date ▼ 400.00	Transaction ID : SA11AI.16547 Amount of Each Receipt this Period 200.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) PHILLIS DJAN Mailing Address 240 PARKHILL AVENUE #2T City STATEN ISLAND FEC ID number of contributing federal political committee. Name of Employer STELLA ORTON HOME CARE AGENCY Receipt For: Primary General Other (specify)	State Zip Code NY 10304 C Occupation HOME HEALTH ATTENDANT Aggregate Year-to-Date ▼ 285.00	Date of Receipt 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		

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLC	YEES INT'L UNI	ON FEDERAL POLITI	CAL ACTION FUND							
A. Full Name (Last, First, Middle Initia TAKESHA DOBY Mailing Address 1418 DOWNING S	,		Date of Receipt							
City WASHINGTON	State DC	Zip Code 20018	Transaction ID : SA11AI.16552 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		60.00							
Name of Employer WASHINGTON CENTER FOR AGI Receipt For: Primary General Other (specify)		VICE WORKER Year-to-Date ▼ 260.00	PAYROLL DEDUCTION							
Full Name (Last, First, Middle Initia <u>DEVON DORSETT</u> Mailing Address 3320 AVENUE H,			Date of Receipt							
City BROOKLYN FEC ID number of contributing federal political committee.	State NY	Zip Code 11210	Transaction ID : SA11AI.16555 Amount of Each Receipt this Period 20.00							
Name of Employer CENTER FOR NURSING REHAB Receipt For: Primary General Other (specify) ▼	Occupation UNKNOWN Aggregate		PAYROLL DEDUCTION							
C. Full Name (Last, First, Middle Initia Nora Duncan Mailing Address 7150 NW 45th St	al)		Date of Receipt							
City Lauderhill FEC ID number of contributing federal political committee. Name of Employer Westside Regional Medical Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	State FL Occupation LPN(Spec) Aggregate	Zip Code 33319-4011 Year-to-Date ▼ 240.00	12 31 2015 Transaction ID : SA11AI.16557 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION							
SUBTOTAL of Receipts This Page (optional)		120.00							
TOTAL This Period (last page this line	ne number only)									

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	NT'L UNI	ON FEDERAL POLITI	CAL ACTION FUND
Α.	Full Name (Last, First, Middle Initial) BRENDA DUNSTON Mailing Address 2459 MERCURY DRIVE City COCOA FEC ID number of contributing federal political committee. Name of Employer ROCKLEDGE HEALTH & REHAB Receipt For: Primary General Other (specify) ▼	-	Zip Code 32926 D NURSES AIDE Year-to-Date ▼ 261.50	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16560 Amount of Each Receipt this Period 61.50 PAYROLL DEDUCTION
В.	Full Name (Last, First, Middle Initial) SABRINA DURDEN Mailing Address PO BOX 11 City ROOSEVELT FEC ID number of contributing federal political committee. Name of Employer Avalon Gardens Rehab & HCC	State NY C		Date of Receipt 12 31 2015 Transaction ID : SA11AI.16562 Amount of Each Receipt this Period 10.00 PAYROLL DEDUCTION
	Receipt For:	PSYCH AID Aggregate	DE Year-to-Date ▼ 210.00	
C.	Full Name (Last, First, Middle Initial) LOREEN DUSAUZAY Mailing Address 315 LINCOLN ROAD, APT #4 City BROOKLYN FEC ID number of contributing federal political committee. Name of Employer BROOKDALE HOSPITAL CENTER Receipt For: Primary General Other (specify) ▼		Zip Code 11225 AN, PSYCHIATRY Year-to-Date ▼ 220.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16566 Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION
s	UBTOTAL of Receipts This Page (optional)			91.50
т	OTAL This Period (last page this line number of	nly)		

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		×	11a		11b 14	11c	12	17		
	y information copied from such Reports and St for commercial purposes, other than using the					for the		pose o	f soliciting	g contribu	tions		
\rangle	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	NT'L UNI	ON FEDERAL PO	LITIC	AL	AC	ΓΙΟ	N Fl	JND				
A .	Full Name (Last, First, Middle Initial) RALPH DUVAL Mailing Address 1307 MENARD STREET City UNIONDALE FEC ID number of contributing federal political committee. Name of Employer Lynbrook Restorative Therapy & Nursing Receipt For: Primary General Other (specify) ▼	State NY C Occupation SECOND C Aggregate		00	Date of Receipt								
в.	Full Name (Last, First, Middle Initial) VERLANCE ECHOLES Mailing Address 1950 NW 55 STREET City MIAMI FEC ID number of contributing federal political committee. Name of Employer PALMETTO GENERAL HOSPITAL S&T Receipt For: Primary General Other (specify) ▼		Zip Code 33142 AL TECHNICIAN Year-to-Date ▼ 220.0	00		Amour	sactint of	31 ion ID	: SA11AI. Receipt th	nis Period			
C.	Full Name (Last, First, Middle Initial) OLIVE EDIE Mailing Address 613 BAIN BRIDGE STREET City BROOKLYN FEC ID number of contributing federal political committee. Name of Employer 1199 SEIU RETIREE (PENSION) Receipt For: Primary General Other (specify) ▼	State NY C Occupation UNKNOWN Aggregate		00		Amour	sact	3 ^r ion ID	I <u>: SA11AI</u> Receipt th	nis Period			
	UBTOTAL of Receipts This Page (optional)						-	7		115	.00		
	OTAL This Period (last page this line number of	y)		····· 🕨		1. A.							

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	S INT'L UNIC	N FEDERAL POLITI	CAL ACTION FUND							
A. Full Name (Last, First, Middle Initial) A. Crystal Edwards Mailing Address 1136 Carroll Street City Baltimore	State MD	Zip Code 21230	Date of Receipt							
FEC ID number of contributing federal political committee. Name of Employer Communicare- Ellicott City Receipt For: ☐ Primary ☐ General Other (specify) ▼	C Occupation Geriatric Nurs Aggregate Ye		PAYROLL DEDUCTION							
Full Name (Last, First, Middle Initial) B. Eduardo Eguino Mailing Address 1630 SW 71st Ct City Miami FEC ID number of contributing federal political committee. Name of Employer Kendall Regional Medical Center Receipt For: Primary General Other (specify) ▼	State FL C Occupation Surgical Tech Aggregate Ye	Zip Code 33155-1674 ear-to-Date ▼ 240.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16577 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION							
Full Name (Last, First, Middle Initial) ROSA ENCARNACION Mailing Address 89-25 ELMHURST AVE 6 APT. 604 City ELMHURST FEC ID number of contributing federal political committee. Name of Employer BEST CARE, INC. Receipt For: Primary General Other (specify)	04 State NY C Occupation HOME HEAL Aggregate Ye		Date of Receipt 12 31 2015 Transaction ID : SA11AI.16579 Amount of Each Receipt this Period 240.00 PAYROLL DEDUCTION							
SUBTOTAL of Receipts This Page (optional)										

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NAME OF COMMITTEE (In Full)																
> 1199 SERVICE EMPLOYEE	S INT'L UN	ION FEDERAL POLITI	CAL	ACT	101	N FL	JND									
Full Name (Last, First, Middle Initial)				Date of	f Red	ceipt										
Mailing Address 133 NEW AMWELL ROAD)		M = M / D = D / Y = Y = Y													
City	State	Zip Code	12 31 2015 Transaction ID : SA11AI.16582													
HILLSBOROUGH	NJ	08844	Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	С															
Name of Employer	Occupation	1		AYRO	LL D	EDUC	TION									
GREEN KNOLL	UNKNOW	N														
Receipt For:	Aggregate	Year-to-Date ▼														
Other (specify)		250.00														
Full Name (Last, First, Middle Initial) B. Marie Eugene		Date of Receipt														
`	failing Address 7521 Fairway Blvd						-									
Maining Address 7521 Fairway Bivd				12	1	31		2015	Y							
City	State	Zip Code		Transaction ID : SA11AI.16584												
Miramar	FL	33023-6500		Amount of Each Receipt this Period 40.00												
FEC ID number of contributing federal political committee.	С															
Name of Employer	Occupation	1	PAYROLL DEDUCTION													
Westside Regional Medical	Patient Car	e Asst II														
Receipt For:	Aggregate	Year-to-Date ▼														
Primary General																
Other (specify)		, 240.00														
Full Name (Last, First, Middle Initial) C. HYACINTH EWART				Date of	f Red	ceipt										
Mailing Address 140 BENCHLYL				м м 12	1	31		2015	Y							
City	State	Zip Code		Trans	sacti	on ID	: SA11AI.	16587								
BRONX	NY	10475	/	Amount	t of I	Each I	Receipt th	is Period								
FEC ID number of contributing federal political committee.	C					,	5	35	5.00							
Name of Employer	Name of Employer Occupation															
WORKMENS CIRCLE	HOUSEKE	EPERS														
Receipt For:	Aggregate	Year-to-Date ▼														
Primary General	Primary General															
Other (specify)		235.00	1													
SUBTOTAL of Receipts This Page (optional))		- -			,		125	.00							

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	IT'L UNIC	N FEDERAL POLITI	CAL ACTION FUND						
Full Name (Last, First, Middle Initial) A. KATHERINE FALLON Mailing Address 18 STUYVESANT OVAL City NEW YORK FEC ID number of contributing federal political committee. Name of Employer NATIONAL BENEFIT FUND Receipt For: Drimory	ATHERINE FALLON illing Address 18 STUYVESANT OVAL y State Zip Code NY 10009 C ID number of contributing leral political committee. me of Employer NTIONAL BENEFIT FUND Occupation UNKNOWN								
Primary General Other (specify) ▼		210.00]						
Full Name (Last, First, Middle Initial) B. Nerlande Fenelus Mailing Address 7913 Picklewood Park Dr City Boynton Beach FEC ID number of contributing	State FL	Zip Code 33437-7523	Date of Receipt M • M / D • D / Y • Y • Y • Y Y 12 31 2015 Transaction ID : SA11AI.16594 Amount of Each Receipt this Period						
federal political committee.	C Occupation Registered No Aggregate Ye	urse ear-to-Date ▼ 230.00	PAYROLL DEDUCTION						
Full Name (Last, First, Middle Initial) C. Raheema Fields Mailing Address 7901 PITKIN AVE., FL. BSM. City OZONE PARK FEC ID number of contributing federal political committee. Name of Employer Stella Orton Home Care Agency Receipt For: Primary General Other (specify) ▼		Zip Code 11417 CARE ASSISTANT ear-to-Date ▼ 460.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16596 Amount of Each Receipt this Period 260.00 PAYROLL DEDUCTION						
SUBTOTAL of Receipts This Page (optional)			-						

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			Detailed Summary Page		11a		11b	11c	12	·			
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	for commercial purposes, other than using the												
$\left \right\rangle$	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNI	ON FEDERAL POLIT	ICAL	ACT	ΓIO	N FL	JND					
Α.	Full Name (Last, First, Middle Initial) Geraldine Findlay				Date of Receipt								
	Mailing Address 5004 SW 155th Ter												
	City	State	Zip Code		12 31 2015 Transaction ID : SA11AI.16598								
	Miramar	FL	33027-5644		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			30.00								
	Name of Employer	Occupation	I		YAYRO		DEDUC	HON					
	West Boca Medical Center	REGISTER	ED NURSE SPECIALTY										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00										
B.	Full Name (Last, First, Middle Initial) EILEEN FLANAGAN				Date of Receipt								
	Mailing Address 249-41 BEECHKNOLL AVE		12 31 2015										
	City	State NY	Zip Code 11362-0000		Transaction ID : SA11AI.16600								
			Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.												
	Name of Employer NEW YORK HOSPITAL OF QUEENS	Occupation REGISTRA			- PAYROLL DEDUCTION								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00										
C.	Full Name (Last, First, Middle Initial)				Date o	f Re	eceipt						
	Mailing Address 216-09 137TH AVENUE				м м 12	/	31		2015	Y			
	City SPRINGFIELD GARDEN	State NY	Zip Code 11413	,				: SA11AI Receipt th	.16602 nis Period				
	FEC ID number of contributing federal political committee.	С							20	0.00			
	Name of Employer	Occupation			_ PAYROLL DEDUCTION								
	BROOKDALE HOSPITAL MEDICAL CTR	MAINTENA	NCE WORKER										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_	_								
	Other (specify)		220.00	220.00									
	UBTOTAL of Receipts This Page (optional)			-			л.		70	.00			
ΙT	OTAL This Period (last page this line number	only)			_	1	7						

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

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			Detailed Summary Page		×	11a 13	-	11b 14	11c	12	Г	17				
	y information copied from such Reports and St for commercial purposes, other than using the					or the		pose o	f soliciting	g contrib		ns				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN															
Α.	Full Name (Last, First, Middle Initial) SAMANTHA FLETCHER Mailing Address 447 SOUTH 3RD AVENUE	SAMANTHA FLETCHER							Date of Receipt							
	City MOUNT VERNON	State NY	Zip Code 10550		_ 12 31 2015											
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period											
	Name of Employer MONTEFIORE NEW ROCHELLE HOSP. Receipt For:	Occupation CLINICAL L	AB TECH		- PAYROLL DEDUCTION											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00													
в.	Full Name (Last, First, Middle Initial) JOCELYNE FLORVIL				D	ate of	f Re	eceipt								
	Mailing Address 174 ROLLING STREET							12 31 2015 Transaction ID : SA11AI.16608								
	MALVERNE						Receipt th		d							
	FEC ID number of contributing federal political committee.			l			7		1	0.00	0					
	Name of Employer HOLLISWOOD CENTER FOR REHAB	Occupation CERTIFIED	NURSING ASSISTANT		PA	YROL	LD.	EDUC	TION							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00													
с.	Full Name (Last, First, Middle Initial) FATOUMATA FOFANA				D	ate of	f Re	eceipt								
	Mailing Address UNKNOWN					^{M M} 12	/	D 31		ү 2015	Y	1				
	City UNKNOWN	State	Zip Code						: SA11AI Receipt th		d					
	FEC ID number of contributing federal political committee.	С						,		;	30.0	0				
	Name of Employer	Occupation	PAYROLL DEDUCTION													
	STELLA ORTON HOME CARE AGENCY Receipt For:	HOME HEA	ALTH ATTENDANT													
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.00													
s	UBTOTAL of Receipts This Page (optional)				[7		8	0.00)				
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and St for commercial purposes, other than using the										
\rangle	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	NT'L UNI	ON FEDERAL POLITI	CAL ACTION FUND							
Α.	Full Name (Last, First, Middle Initial) ANTONIO FOSTER Mailing Address 3530 BAINBRIDGE AVE., APT	3A State	Zip Code	Date of Receipt M / D / Y Y Y 12 31 2015							
	BRONX FEC ID number of contributing	NY	10467								
	federal political committee. Name of Employer MONTEFIORE MT. VERNON HOSPITAL Receipt For: Primary General Other (specify) ▼	Occupation 2ND COOk		PAYROLL DEDUCTION							
В.	Full Name (Last, First, Middle Initial) JAMES Frazier Mailing Address 545 RUTLAND ROAD			Date of Receipt							
	City Brooklyn FEC ID number of contributing federal political committee.	State NY	07 01 2015 Transaction ID : SA11AI.16615 Amount of Each Receipt this Period 400.00								
	Name of Employer 1199 SEIU Receipt For: Primary General Other (specify) ▼	Occupation ORGANIZE Aggregate		PAYROLL DEDUCTION							
C.	Full Name (Last, First, Middle Initial) ROBERT FRAZIER Mailing Address 2713 MBAYONE AVENUE			Date of Receipt							
	City BALTIMOORE FEC ID number of contributing federal political committee. Name of Employer GENESIS-CATONSVILLE COMMONS Receipt For:		Zip Code 21214 MATRIC NURSE Year-to-Date ▼ 250.00	Transaction ID : SA11AI.16617 Amount of Each Receipt this Period 50.00 PAYROLL DEDUCTION							
s	UBTOTAL of Receipts This Page (optional)			490.00							
т	OTAL This Period (last page this line number of	nly)									

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

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b 14	11c 15	12 16	17			
	y information copied from such Reports and St for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES II	NT'L UNI	ON FEDERAL POLIT	FICAL		ΓΙΟ	N FU	ND					
	Full Name (Last, First, Middle Initial) Yiu Fung Mailing Address 103-24 Plattwood Ave City Ozone Park FEC ID number of contributing federal political committee. Name of Employer Jamaica Hospital Receipt For: Primary General Other (specify) ▼	U U	Zip Code 11417 st, Lab - Micro Year-to-Date ▼ 211.20		Amour	sacti nt of	31 on ID : 1	eceipt th	nis Period	_			
	Full Name (Last, First, Middle Initial) Tammy Fuss Mailing Address 656 NE Little Kayak Pt City Port Saint Lucie FEC ID number of contributing federal political committee. Name of Employer St. Lucie Medical Center Receipt For: Primary General Other (specify) ▼	State FL Occupation Chief Aggregate	Zip Code 34983-3514 Year-to-Date ▼ 220.00		Date of Receipt								
_	Full Name (Last, First, Middle Initial) ANA GAONA-TENESACA Mailing Address 70 LAKE AVENUE City STATEN ISLAND FEC ID number of contributing federal political committee. Name of Employer STELLA ORTON HOME CARE AGENCY Receipt For: Primary General Other (specify) ▼	_	Zip Code 10303 ALTH ATTENDANT Year-to-Date ▼ 225.00		Amour	sacti nt of	31	eceipt th	nis Perioo	ý 5.00			
s	UBTOTAL of Receipts This Page (optional)			•			7	7	56	6.20			
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		K 11a 11b 13 14	11c 12 15 16 17
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNIC	N FEDERAL POL	LITICAI	ACTION FU	JND
Full Name (Last, First, Middle Initial) HERMINIA GARCIA Mailing Address 2240 RYER AVE., APT #3C City BRONX FEC ID number of contributing federal political committee. Name of Employer CARE AT HOME OF BROOKLYN INC Receipt For: Primary General Other (specify)	State NY C Occupation HOME HEAL Aggregate Ye	Zip Code 10457 TH ATTENDANT ear-to-Date ▼ 220.00	_	Date of Receipt	2015 SA11AI.16628 Receipt this Period 20.00
Full Name (Last, First, Middle Initial) B. Joaquin Garcia Mailing Address 9120 SW 137th Ave City Miami FEC ID number of contributing federal political committee. Name of Employer Kendall Regional Medical Center Receipt For: Primary General Other (specify) ▼	State FL Occupation RADIOLOGY Aggregate Ye	Zip Code 33186-1402 TECHNOLOGIST ear-to-Date ▼ 240.00		12 31 Transaction ID :	SA11AI.16625 Receipt this Period 40.00
Full Name (Last, First, Middle Initial) SANDRA GARCIA Mailing Address 307 W 117 ST., #2E City NEW YORK FEC ID number of contributing federal political committee. Name of Employer FCPC COMMUNITY AFFAIRS HSKP Receipt For: Primary General Other (specify)	State NY C Occupation HOME HEAL Aggregate Ye	Zip Code 10026 TH ATTENDANT ear-to-Date ▼ 210.00		Date of Receipt	2015 : SA11AI.16631 Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)			▶		70.00
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	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	f soliciting	g contribu	utions	-		
$\left\rangle$	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	NT'L UNI	ON FEDERAL POLITI	CAL	ACT	ГЮ	N FL	JND					
A.	Full Name (Last, First, Middle Initial) DENISE GARWOOD Mailing Address 51 BUCHANAN PL., APT #6C				Date c				V V	V			
	City	State	Zip Code	12 31 2015 Transaction ID : SA11AI.16634									
	BRONX	NY	10453	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			PAYRO		DEDUC		50	0.00			
	Name of Employer MONTEFIORE MT. VERNON HOSPITAL	Occupation CERTIFIED	NURSING ASSISTANT				,2000	non					
	Receipt For: Primary General Other (specify) ▼	eceipt For: Primary General Aggregate Year-to-Date ▼											
в.	Full Name (Last, First, Middle Initial) FRANK GENUNG				Date o	of Re	eceipt						
	Mailing Address 1533 18TH AVENUE N			M 12	/	31		ү ү 2015	Y				
	City LAKE WORTH	State FL	Zip Code 33460-6403		Transaction ID : SA11AI.16636 Amount of Each Receipt this Period 400.00								
	FEC ID number of contributing federal political committee.	С											
	Name of Employer ST. MARY MEDICAL CENTER	Occupation REGISTER		— P	AYRO	LL D	EDUCT	ΓΙΟΝ					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00										
c.	Full Name (Last, First, Middle Initial)				Date o	of Re	eceipt						
	Mailing Address 4 ROSEDALE AVENUE				^M 12	/	31		2015	Y			
	City NEW ROCHELLE	State NY	Zip Code 10801					: SA11AI Receipt th	.16639 his Perioc	1			
	FEC ID number of contributing federal political committee.					,	4	0.00					
	Name of Employer	Occupation		⊢	AYRC	ULL L	DEDUC.	HON					
	MONTEFIORE NEW ROCHELLE	HOUSEKE	EPING WORKER	_									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00										
s	UBTOTAL of Receipts This Page (optional)						,	7	490	0.00	-		
т	OTAL This Period (last page this line number c	only)	•				,						

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		r each category of the etailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	IT'L UNION	FEDERAL POLITI	CAL ACTION FUND
Full Name (Last, First, Middle Initial) JAMES GIBSON Mailing Address 29-11 BARNS AVENUE City BRONX FEC ID number of contributing federal political committee. Name of Employer HERITAGE HEALTH & HOUSING INC.	State NY C Occupation KITCHEN AIDE	Zip Code 10467	Date of Receipt 12 12 Transaction ID : SA11AI.16642 Amount of Each Receipt this Period 70.00 PAYROLL DEDUCTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Priscilla Gibson Mailing Address 410 PINE AVENUE City Greenacres FEC ID number of contributing federal political committee.		Zip Code 33413	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16644 Amount of Each Receipt this Period 15.00
Name of Employer Sodexo - Palms West Hospital Receipt For:	Occupation Food / Nutrition S Aggregate Year		PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) Robert Gibson Mailing Address 20318 AUTUMN FERN AVENU City TAMAP FEC ID number of contributing federal political committee. Name of Employer Service Employees Int'l Union Receipt For: Primary General Other (specify) ▼	State	Zip Code 33647 -to-Date ▼ 330.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16646 Amount of Each Receipt this Period 130.00 PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional)			

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		Detailed Summary Page		X 11a		11b	11c		12	<u> </u>					
Ar	ny information copied from such Reports and S	tatements ma	l ay not be sold or used by any pe	ersor	13 1 for the	pu	14 rpose of	15 f soliciting		16 ntribut	17 ions				
	for commercial purposes, other than using the														
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC							ON FL	JND							
A .	Full Name (Last, First, Middle Initial) CHARMAN GIBSON-SMIKLE Mailing Address 13-36 DAVIES ROAD			Date o		· · ·									
					12	<i>n</i> .	/ D 31			015	Y				
	City FAR ROCKAWAY					SA11AI.			_						
		NY	11691	_	Amour	nt of	f Each F	Receipt th	is P	eriod	_				
	FEC ID number of contributing federal political committee.	С		50.00 PAYROLL DEDUCTION											
	Name of Employer	Occupation			I AIIC		DLDOC	TION							
	PENINSULA CENTER FOR EXTENDED Receipt For:	-		_											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
— B.	Full Name (Last, First, Middle Initial) Lisa Gifford				Date o	of R	eceipt								
	Mailing Address 5748 NW 47th Ct			Date of Receipt											
	City	State	Zip Code	Transaction ID : SA11AI.16650											
	Coral Springs	FL	33067-4013	_	Amour	nt of	f Each F	Receipt th	is P	eriod					
	FEC ID number of contributing federal political committee.	С			40.00 PAYROLL DEDUCTION										
	Name of Employer Northwest Medical Center	Occupation Cardiovasc	ular ICU RN		PAYRO		DEDUC	HON							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00												
<u>с</u> .	Full Name (Last, First, Middle Initial) MARY GRACE Gigante			+	Date of	of R	eceipt								
	Mailing Address 617 4TH ST				M 12	Л	/ D 31)15	Y				
	City Lyndhurst	State NJ	Zip Code 07071-3201	\vdash				: SA11AI. Receipt th							
	FEC ID number of contributing federal political committee.						13 1		06						
	Name of Employer	1	_	PAYRO	OLL	DEDUC	TION								
	St Barnabas Hospital (RN)	ED NURSE NURSING													
	Receipt For: Primary General Other (specify)	Year-to-Date ▼ 203.06													
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ר	OTAL This Period (last page this line number	only)		×											

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNION FEDERAL POL	ITICAL ACTION FUND
Full Name (Last, First, Middle Initial) KLEOPATRA GIJKOKAJ Mailing Address 3182 PERRY AVENUE City BRONX FEC ID number of contributing federal political committee. Name of Employer WORKMENS CIRCLE Receipt For: Primary General Other (specify) ▼	State Zip Code NY 10467 C Occupation REGISTERED NURSE STAFF Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 12 31 2015 Transaction ID : SA11AI.16655 Amount of Each Receipt this Period PAYROLL DEDUCTION D
Full Name (Last, First, Middle Initial) TIJUANA GLASCO Mailing Address 1608 E 28TH ST City Baltimore FEC ID number of contributing federal political committee. Name of Employer Genesis - Perring Parkway Ctr Receipt For: Primary General Other (specify) ▼	State Zip Code MD 21218 C Occupation Aide-Housekeeping Aggregate Year-to-Date ▼ 220,00	Date of Receipt Date of Receipt 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 ROA City WEST PALM BEACH FEC ID number of contributing federal political committee. Name of Employer ST MARY MEDICAL CENTER Receipt For: Primary General Other (specify) ▼	D State Zip Code FL 33406 C Occupation REGISTERED NURSE Aggregate Year-to-Date ▼ 480.00	Date of Receipt MIN / D / Y
SUBTOTAL of Receipts This Page (optional)		> 340.00
TOTAL This Period (last page this line numbe	r only)	

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t		person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNION FEDERAL POLIT	ICAL ACTION FUND
Full Name (Last, First, Middle Initial) IVELISSE GONZALEZ Mailing Address 2129 VIRGIL PLACE City BRONX FEC ID number of contributing federal political committee. Name of Employer CENTER LIGHT HEALTHCARE Receipt For: Primary General Other (specify)	State NY Zip Code 10473 C Occupation TRS Aggregate Year-to-Date ▼ 220.00	Date of Receipt 12 12 Transaction ID : SA11AI.16663 Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION
B. Full Name (Last, First, Middle Initial) LAURA GOODWIN Mailing Address 2155 MADISON AVE., #3C City NEW YORK FEC ID number of contributing federal political committee. Name of Employer NEW YORK UNIVERSITY HOSPITAL Receipt For: Primary General Other (specify) ▼	State Zip Code NY 10037 C Occupation 1199 CONT Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 340.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16666 Amount of Each Receipt this Period 140.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) VAUGHN GOODWIN Mailing Address 5100 W. MOUNTAIN STRE APT. 202C City STONE MOUNTAIN FEC ID number of contributing federal political committee. Name of Employer 1199 SEIU Receipt For: Primary General Other (specify)	ET State Zip Code GA 30058 C Occupation Certified Nurses Aide Aggregate Year-to-Date ▼ 250.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16668 Amount of Each Receipt this Period 50.00 PAYROLL DEDUCTION
	er only)	

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNI	ION FEDERAL POLITI	CAL ACTION FUND							
Full Name (Last, First, Middle Initial) James Gould Mailing Address 165 Honeysuckle Dr	Date of Receipt									
City Jupiter	Jupiter FL 33458-2841									
FEC ID number of contributing federal political committee.	С		714.00							
Name of Employer West Palm Hospital Receipt For: Primary General Other (specify) ▼		n RI Tech Specialist Year-to-Date ▼ 1224.00								
Full Name (Last, First, Middle Initial) B. MICHELE GRANT Mailing Address 834 PENFIELD STREET, #4	l IF		Date of Receipt							
City BRONX FEC ID number of contributing federal political committee.	State NY	Zip Code 10470	12 31 2015 Transaction ID : SA11AI.16674 Amount of Each Receipt this Period 25.00							
Name of Employer PROVIDENCE REST NURSING HOME Receipt For: Primary General Other (specify)		PRACTICAL NURSE Year-to-Date ▼ 225.00	PAYROLL DEDUCTION							
C. Full Name (Last, First, Middle Initial) Tanya Grant Mailing Address 447 6th Avenue			Date of Receipt							
City Troy FEC ID number of contributing federal political committee. Name of Employer 1199 SEIU Receipt For: Primary General Other (specify) ▼	State NY C Occupation Organizer Aggregate	Zip Code 12182 Year-to-Date ▼ 300.00	Transaction ID : SA11AI.16671 Amount of Each Receipt this Period 100.00 PAYROLL DEDUCTION							
SUBTOTAL of Receipts This Page (optional)			839.00							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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		Detailed Summary Page		< 11a		11b	11c	12	_						
Ar	y information copied from such Reports and S	tatements ma	l ay not be sold or used by any pe	erson	13 for the	pur	14 Dose of	15 soliciting	16 contribu	tions					
	for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNI	ON FEDERAL POLITI	CAL	ACT	10	N FU	IND							
Α.	Full Name (Last, First, Middle Initial) Shana GRANT-MURRELL		Date of Receipt												
	Mailing Address Po Box 543				12 31 2015										
	City	State NY	Zip Code 10458	Transaction ID : SA11AI.16679											
	Bronx	INT	10456	_	Amount	t of	Each R	leceipt th	is Period						
	FEC ID number of contributing federal political committee.	С							45	5.00					
	Name of Employer	Occupation		-	PAYROI		EDUCI	IION							
	Mt Sinai Hospital	PAT CARE	ASSOC												
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 245.00													
в.	Full Name (Last, First, Middle Initial) CLIFORD GRANTHIER				Date of	f Re	ceipt								
	Mailing Address 1088 EAST 37TH STREET				12 31 2015										
	City	Zip Code		Transaction ID : SA11AI.16677											
	BROOKLYN	NY	11210	_	Amount	t of	Each R	leceipt th	is Period						
	FEC ID number of contributing federal political committee.			40.00											
	Name of Employer SERVICES FOR THE UNDERSERVED	Occupation SERVICE V	VORKER-OPERATION	F	PAYROLL DEDUCTION										
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 240.00												
с.	Full Name (Last, First, Middle Initial)				Date of	f Re	ceipt								
	Mailing Address 4408 BOULEYS LN				м м 12	1	31) / Y	у у 2015	Y					
	City Baltimore	State MD	Zip Code 21206-6665					SA11AL							
	FEC ID number of contributing federal political committee.	С					,			0.00					
	Name of Employer		PAYRO	LL C	EDUCT	FION									
	Genesis - Perring Parkway Center	Aide-Geriat	tric Nurse Asst Spec												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		240.00												
s	UBTOTAL of Receipts This Page (optional)			•			,		125	.00					
т	OTAL This Period (last page this line number	only)	•	- •			,	7							

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

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		category of the Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNION FED	ERAL POLITI	CAL ACTION FUND
Full Name (Last, First, Middle Initial) A. Camilla Greer Mailing Address 686 Ashford Street Apt 10 City Describer	State Zip Co NY 11207	de	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16683
Brooklyn FEC ID number of contributing federal political committee. Name of Employer Ruby Weston Manor Nursing Home Receipt For: □ Primary □ General Other (specify) ▼	Occupation Certified Nursing Aide Aggregate Year-to-Date	e ▼ 220.00	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 CORAL SPRINGS FEC ID number of contributing federal political committee. Name of Employer NORTHWEST MEDICAL CENTER	State Zip Cou FL 33065		Date of Receipt 12 31 2015 Transaction ID : SA11AI.16685 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION
Receipt For: Primary General Other (specify) V	PATIENT CARE ASSIS		
Full Name (Last, First, Middle Initial) JULIA GUILLEARD Mailing Address 2050 VALANTINE AVE, 7G City BRONX FEC ID number of contributing federal political committee. Name of Employer ALLIANCE HOME SERVICES, INC. Receipt For: Primary General Other (specify) ▼	State Zip Co NY 10458 C Occupation HOME ATTENDANT Aggregate Year-to-Date		Date of Receipt 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 numbe		-	

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

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			Detailed Summary Page		< 11a		11b	11c	12		1					
Ar	y information copied from such Reports and S	tatements ma	Av not be sold or used by any pe	rson	13 for the	puri	14 bose of	15 soliciting	contrib	utions	17					
	for commercial purposes, other than using the															
$\left \right $	NAME OF COMMITTEE (In Full)			~ ^ 1	A 07	-1-										
	1199 SERVICE EMPLOYEES I							JND								
Α.	Full Name (Last, First, Middle Initial) MERIDANIA GUTIERREZ			Date of Receipt												
	Mailing Address 1990 LEXINGTON AVENUE				M M	/	31	D / Y	2015	Y						
	City	State	Zip Code		the second s	acti		SA11AI.	2015 16691	-						
	NEW YORK	Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.						20.00									
	Name of Employer	Occupation	1	- 1	PAYRO	LL C	DEDUC	TION								
	CENTER LIGHT HEALTHCARE	TRS														
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		220.00													
В.	Full Name (Last, First, Middle Initial) Yolanda Guy				Date o	f Re	ceipt									
	Mailing Address 1640 Jackson St				M M		D I I		Y Y	Y						
	City	State	Zip Code		12 Trans	acti	31 on ID -	SA11AI.	2015	-						
	Hollywood	FL	33020-5110					Receipt th		d						
	FEC ID number of contributing federal political committee.	С		· · · · · · · · · · ·						40.00						
	Name of Employer Aventura Hospital & Medical Center	Occupation Clerical Spe	ecialist Nurse	F	PAYROLL DEDUCTION											
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General		240.00													
	Other (specify) v		7 7 7													
с.	Full Name (Last, First, Middle Initial) Jane Hall				Date o	f Re	ceipt									
	Mailing Address 72 WALL STREET				M M 12	/	D 31		уу 2015	Y						
	City	State	Zip Code		Trans	sact	ion ID :	SA11AI.	16695							
	Plattsburgh	NY	12901	_	Amoun	t of	Each F	Receipt th	is Perio	b						
	FEC ID number of contributing federal political committee.	С					,		4	0.00						
	Name of Employer	Occupation	l		PAYRO		DEDUC	HON								
	Champlain Valley PhysiciansHos	MENTAL H	EALTH TECHNICIAN													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Other (specify)		240.00													
s	UBTOTAL of Receipts This Page (optional)		▶		<u> </u>		5		100	0.00						

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	1	13 14 15 16 17					
		I by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES							
A. LUNA HARMON Mailing Address 490 HEBERTON AVENUE		Date of Receipt					
City STATEN ISLAND	12 31 2015 Transaction ID : SA11AI.16697						
FEC ID number of contributing federal political committee.	NY 10302	Amount of Each Receipt this Period					
Name of Employer STELLA ORTON HOME CARE AGENCY Receipt For:	Occupation HOME HEALTH ASSISTANT	PAYROLL DEDUCTION					
Primary General Other (specify)	Aggregate Year-to-Date ▼	220.00					
Full Name (Last, First, Middle Initial) B. DORIS HASHIM-COLE		Date of Receipt					
Mailing Address 13835 CASTLE BLVD	Mailing Address 13835 CASTLE BLVD						
SILVER SPRING	MD 20904	Transaction ID : SA11AI.16699 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	175.00					
Name of Employer UNITED MEDICAL CENTER	Occupation LICENSED PRACTICAL NURSE	PAYROLL DEDUCTION					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	375.00					
Full Name (Last, First, Middle Initial) C. LEONARD HENDERSON		Date of Receipt					
Mailing Address PO BOX 405		12 31 Y Y Y Y 2015					
City MASTIC	StateZip CodeNY11950	Transaction ID : SA11AI.16701 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C						
Name of Employer	Occupation	PAYROLL DEDUCTION					
CEDAR LODGE NURSING HOME	UNKNOWN						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	240.00					
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number							

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ITEMIZED RECEIPTS		or each category of the etailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNION	FEDERAL POLITI	CAL ACTION FUND
Full Name (Last, First, Middle Initial) Patricia Henriques Mailing Address 421 NE 145TH STREET City MIAMI FEC ID number of contributing federal political committee. Name of Employer OCEANSIDE EXTENDED CARE CENTER Receipt For: Primary General Other (specify)	FL C Occupation	Zip Code 33161 RSING ASSISTANT -to-Date ▼ 230.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Palleater Henry Mailing Address 107-09 219TH STREET City QUEENS VILLAGE FEC ID number of contributing federal political committee. Name of Employer Mt Sinai Hospital Receipt For: Primary General Other (specify) ▼		Zip Code 11429 -to-Date ▼ 210.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16709 Amount of Each Receipt this Period 10.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) YOLAND HENRY Mailing Address 331 E. 52 STREET City BROOKLYN FEC ID number of contributing federal political committee. Name of Employer NY METHODIST HOSPITAL BROOKLYN Receipt For: Primary General Other (specify)		-	Date of Receipt Date of Receipt 12 31 2015 Transaction ID : SA11AI.16707 Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional)		•••••	60.00
TOTAL This Period (last page this line number	only)		

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.											ons		
	NAME OF COMMITTEE (In Full) > 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND												
Α.	Full Name (Last, First, Middle Initial) CARLOTTA HENTON				Date of Receipt								
	Mailing Address 21-35 21ST AVENUE, APT #2F					12 31 2015							
	City LONG ISLAND CITY	State NY	Zip Code 11105					SA11AI. Receipt th		bc			
	FEC ID number of contributing federal political committee.	С					7			20.0	00		
	Name of Employer JEWISH HOME & HOSPITAL FOR AGE	Occupation UNKNOWN			AYROL	_L C	EDUC	TION					
	Receipt For:	Aggregate	Year-to-Date ▼ 220.00										
в.	Full Name (Last, First, Middle Initial) FLAVIA HERNANDEZ				Date of Receipt								
	Mailing Address 760 WORTMAN AVE., 1A City State Zip Code					12 31 .2015 . Transaction ID : SA11AI.16720							
	BROOKLYN NY 11208				Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			20.00								
	Name of Employer FCPC COMMUNITY AFFAIRS HSKP	Occupation HOME HEA	LTH ATTENDANT	— P/	AYROL	L D	EDUCT	TON					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00										
C.	Full Name (Last, First, Middle Initial) Lisa Hernandez					Re	ceipt						
	Mailing Address 5121 2nd Avenue Apt# 3B					12 31 2015							
	City Brooklyn	State NY	Zip Code 11232					SA11AI. Receipt th		bd			
	FEC ID number of contributing federal political committee.	С			16.7 PAYROLL DEDUCTION						70		
	Name of Employer	Occupation		_ P	AYRO		PEDUC	HON					
	Beth Israel Medical Ctr Petrie Receipt For:		Professionional	_									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 216.70										
SUBTOTAL of Receipts This Page (optional)										0			

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNI	ON FEDERAL POLITI	CAL ACTION FUND
Full Name (Last, First, Middle Initial) A. NORA HERNANDEZ Mailing Address 12 ERRINGTON PLACE City STATEN ISLAND FEC ID number of contributing federal political committee. Name of Employer STELLA ORTON HOME CARE AGENCY Receipt For: Primary		Zip Code 10304 CARE ASSISTANT Year-to-Date ▼	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16714 Amount of Each Receipt this Period 80.00 PAYROLL DEDUCTION
Other (specify)		280.00	
Full Name (Last, First, Middle Initial) B. MARIA HERRERA Mailing Address 2955 8TH AVE., #22D City NEW YORK FEC ID number of contributing federal political committee. Name of Employer PEOPLE CARE Receipt For: Primary General Other (specify) ▼	State NY C Occupation TTH Aggregate	Zip Code 10039 Year-to-Date ▼ 440.00	Date of Receipt
Full Name (Last, First, Middle Initial) David Hill Mailing Address 19 HAMILTON TER APT 1L NULL City New York FEC ID number of contributing federal political committee. Name of Employer Yeshiva University Receipt For: Primary General Other (specify) ▼	State NY C Occupation CLERK, M/ Aggregate		Date of Receipt M M / J 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			370.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	IT'L UNION FEDERAL POLI	TICAL ACTION FUND
Full Name (Last, First, Middle Initial) GREGORY HINES Mailing Address 80 GUION PL, APT 10T City NEW ROCHELLE FEC ID number of contributing federal political committee. Name of Employer MONTEFIORE NEW ROCHELLE HOSP. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 10801 C Occupation LEAD TRANSPORTER/MESSANGER Aggregate Year-to-Date ▼ 240.00	Date of Receipt 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 ROYAL PALM BEACH FEC ID number of contributing federal political committee. Name of Employer PALMS WEST HOSPITAL Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33414 C Occupation REGISTED NURSE Aggregate Year-to-Date ▼	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16732 Amount of Each Receipt this Period 22.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) Nafiza Hoosain Mailing Address 20-65 Watson Ave City Bronx FEC ID number of contributing federal political committee. Name of Employer Flushing Manor Geriatric Center-144 Receipt For: Primary General Other (specify) ▼	State Zip Code NY 10472 C Occupation Nursing Assistant Aggregate Year-to-Date ▼ 210.00	Date of Receipt M M M / D D / 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)		

Use separate schedule(s) for each category of the

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and St for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	CAL ACTION FUND							
Α.	Full Name (Last, First, Middle Initial) THOMAS HOWARD Mailing Address 4885 F STREET	Date of Receipt							
	City WASHINGTON	12 31 2015 Transaction ID : SA11AI.16737 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		PAYROLL DEDUCTION					
	Name of Employer WASHINGTON CENTER AGING SERV. Receipt For: Primary General	VASHINGTON CENTER AGING SERV. HOUSEKEEPING Receipt For: Aggregate Year-to-Date ▼							
	Other (specify)		260.00						
В.	Full Name (Last, First, Middle Initial) VIVIENNE HOWELL			Date of Receipt					
	Mailing Address 12313 67TH STREET N			12 31 2015					
	City WEST PALM BEACH	State FL	Zip Code 33412-2068	Transaction ID : SA11AI.16739 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.		280.00						
	Name of Employer PALM WEST HOSPITAL	Occupatior REGISTER	ED NURSE	- PAYROLL DEDUCTION					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00						
C.				Date of Receipt					
	Mailing Address 7 Bahia Court Trce			M M / D D / Y Y Y Y 12 31 2015					
	City Ocala	State FL	Zip Code 34472-2750	Transaction ID : SA11AI.16741 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	40.00 PAYROLL DEDUCTION							
	Name of Employer								
	New Horizon Rehab Center Receipt For:	_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00						
s	UBTOTAL of Receipts This Page (optional)		•••••	380.00					
Т	OTAL This Period (last page this line number of	only)	••••••						

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

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An	y information copied from such Reports and St	atements ma	ay not be sold or used by any pe	erson f	-	pur		-		utions			
	for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	NT'L UNI	ON FEDERAL POLITI	CAL	ACT	10	N FL	JND					
Α.	Full Name (Last, First, Middle Initial) Zenaida Izquierdo				Date of	f Re	eceipt						
	Mailing Address 3504 ROCHAMBEAU APT 1H				м м 12	1	31	D / Y	2015	Y			
	City	State	Zip Code			act		SA11AI.					
	Bronx	NY	10467	/	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С							1	0.00			
	Name of Employer	Occupation			AYRO		DEDUC	HON					
	1199 SEIU Receipt For:	Unknown		_									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00										
В.	Full Name (Last, First, Middle Initial) CHARLES JABROUIN				Date of	f Re	eceipt						
	Mailing Address 1136 E. 35TH STREET						12 13 2015						
	City BROOKLYN	State NY	Zip Code 11210					SA11AI.					
	FEC ID number of contributing federal political committee.	С			Amouni	t or		Receipt th).00			
	Name of Employer CENTER FOR NURSING REHAB	Occupation ENVIRONM	IENTAL AIDE	- P/	AYROL	L D	EDUCT	ΓΙΟΝ					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00										
с.	Full Name (Last, First, Middle Initial) DONNA JACKSON-SMITH				Date of	f Re	eceipt						
	Mailing Address 953 EAST 223RD STREET				м м 12	/	D 31		2015	Y			
	City BRONX	State NY	Zip Code 10466					SA11AI. Receipt th		4			
	FEC ID number of contributing federal political committee.	С					7			0.00			
	Name of Employer	Occupation		P	AYRO	LL C	DEDUC	TION					
	GLEN ISLAND CARE CENTER	CERTIFIED	NURSING ASSISTANT										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		, 220.00										
s	UBTOTAL of Receipts This Page (optional)						,	- 7	50	0.00			
т	OTAL This Period (last page this line number c	nly)	••••••				7						

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

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	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNI	ON FEDERAL POLITIC	CAL ACTION FUND
Α.	Full Name (Last, First, Middle Initial) TREVOR JACOB Mailing Address UNKNOWN	01-1-		Date of Receipt
	City UNKNOWN FEC ID number of contributing	State	Zip Code	Transaction ID : SA11AI.16753 Amount of Each Receipt this Period 40.00
	federal political committee. Name of Employer MONTEFIORE NEW POCHELLE LIQUE	Occupation		PAYROLL DEDUCTION
	MONTEFIORE NEW ROCHELLE HOSP. Receipt For: Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 240.00	
в.	Full Name (Last, First, Middle Initial) KATHERINE JAEGER Mailing Address 2027 S. GEDDES STREET			Date of Receipt
	City SYRACUSE FEC ID number of contributing	State NY	Zip Code 13207	12 31 2015 Transaction ID : SA11AI.16755 Amount of Each Receipt this Period
	federal political committee. Name of Employer CROUSE HOSPITAL	C Occupation REGISTER		PAYROLL DEDUCTION
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
C.	Full Name (Last, First, Middle Initial) Jeannette James Mailing Address 230 S 7TH AVE APT 10J			Date of Receipt
	City Mount Vernon	State NY	Zip Code 10550-3839	12 31 2015 Transaction ID : SA11AI.16757
	FEC ID number of contributing federal political committee.	C	1030-3839	Amount of Each Receipt this Period
	Name of Employer Glen Island Care Center Receipt For:	Occupation ACTIVITIE	S CLERK	PAYROLL DEDUCTION
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.00	
s	UBTOTAL of Receipts This Page (optional)		•••••	110.00
Т	OTAL This Period (last page this line number	only)	••••••	

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			Detailed Summary Page	×	X 11a 11b 11c 12							
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	y information copied from such Reports and S for commercial purposes, other than using the											
<u>.</u>	NAME OF COMMITTEE (In Full)											
	1199 SERVICE EMPLOYEES I	NT'L UNI	ON FEDERAL POLITI	CAL	ACT	ΊΟ	N FL	JND				
_	Full Name (Last, First, Middle Initial)					_						
Α.		•		- !	Date of	_						
	Mailing Address 260 PARKHILLE AVE, APT 4	G			^M ■ M	1	31		201	Y 5	Y	
	City	State	Zip Code			acti		SA11AL				
	STATEN ISLAND	NY	10304		Amount	of	Each F	Receipt thi	is Per	iod		
	FEC ID number of contributing	С				1				20.0	00	٦.
	federal political committee.	C				-	7			20.	00	4
	Name of Employer	Occupation		- P	AYROL	L C	DEDUC	TION				
	STELLA ORTON HOME CARE AGENCY	HOME HEA	ALTH ATTENDANT									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		220.00									
	Other (specify)		7 7 7									
	Full Name (Last, First, Middle Initial)											
В.	Brenda Jeff			I	Date of	Re	ceipt					
	Mailing Address 26992 Branchtown Road			M M	/	DI	D / Y	Y	Y	Y		
	City	Zip Code	_	12	١.	31		2015				
	Worton	State MD	21678					SA11AI.1 Receipt thi				
	FEC ID number of contributing							locolpt un			-	٦.
	federal political committee.	С			40.00							
	Name of Employer	Occupation	1	— Р.	AYROL	L D	EDUC	ΓΙΟΝ				
	Shore Nursing and Rehabilitation Cente		Irsing Assistant									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		240.00									
	Other (specify)		, , , , , , , , , , , , , , , , , , , ,									
	Full Name (Last, First, Middle Initial)											
C.				I	Date of	Re	ceipt					
	Mailing Address 31 BLEEKMAN AVENUE				M M	/	D - 1		Y		Y	
	City	State	Zip Code	-	12 Trans	acti	31 : ion ID	: SA11AI. [,]	2015 16766			
	MOUNT VERNON	NY	10550					Receipt thi				
	FEC ID number of contributing	С								40.	00	٦.
	federal political committee.	C					7			40.	00	4
	Name of Employer			PAYROL		DEDUC	TION					
	MONTEFIORE MT VERNON HOSPITAL											
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		240.00									
			/9 /9 /8									
						-						T
s	UBTOTAL of Receipts This Page (optional)						7	7	1	00.0	0	
Ŧ	OTAL This Period (last page this line number	only)										1
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	y information copied from such Reports and Sta for commercial purposes, other than using the							soliciting	contrib	utions
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	IT'L UNI	ON FEDERAL POLITIC	CAL	ACT	10	N FL	JND		
Α.	Full Name (Last, First, Middle Initial) MICHELLE JEFFERSON-HILDALGO Mailing Address 5 OCEAN AVENUE				Date of	Re				
	City	State	Zip Code		12 Trans	acti	31 ion ID :		2015 16769	Y
	MASTIC	NY	11950	_	Amount	of	Each F	Receipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С					,		4	0.00
	Name of Employer	Occupation		- P.	AYROL	.L D	DEDUC	HON		
	CENTER LODGE NURSING HOME Receipt For:	UNKNOWN		_						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00							
	Full Name (Last, First, Middle Initial)		, , ,		Data of	De	aciet			
D.	Mailing Address 141 PARKHILL AVENUE				Date of	не /	31		2015	Y
	City	State	Zip Code					SA11AI.		
	STATEN ISLAND	NY	10304	_	Amount	of	Each F	Receipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С					,		2	7.70
	Name of Employer STELLA ORTON HOME CARE AGENCY	Occupation PERSONAL	CARE ASSISTANT	_ P/	AYROL	L D	EDUCI	IION		
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		227.70							
C.	Full Name (Last, First, Middle Initial) Solanges Jeune				Date of	Re	ceipt			
	Mailing Address 5901 GLENWOOD ROAD APT		7. 0. 1		м м 12	/	31		үү 2015	Y
	City Brooklyn	State NY	Zip Code 11234					SA11AI. Receipt th		4
	FEC ID number of contributing federal political committee.	С			anoun	U	1	, ieceipt in		0.00
	Name of Employer Occupation						DEDUC.	TION		
	Brookdale Hospital Medical Center	Technician,	Patient Care							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		220.00							
s	UBTOTAL of Receipts This Page (optional)						7		8	7.70

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

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	INT'L UNIC	ON FEDERAL POLITI	CAL ACTION FUND
A. Full Name (Last, First, Middle Initial) Mailing Address 1998 SE LEO LANE City PORT SAINT LUCIE FEC ID number of contributing federal political committee. Name of Employer PALMS WEST HOSPITAL Receipt For: Primary General Other (crossifu)	State FL Occupation REGISTEREI Aggregate Y	Zip Code 34983 D NURSE ear-to-Date ▼ 210.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16781 Amount of Each Receipt this Period 10.00 PAYROLL DEDUCTION
Other (specify) Full Name (Last, First, Middle Initial) B. DAWN JOHNSON Mailing Address PO BOX 100519 City STATEN ISLAND FEC ID number of contributing federal political committee. Name of Employer CEREBRAL PALSY ASSOC. OF NYS Receipt For: Primary General Other (specify)		Zip Code 10310 E COUNSELOR ear-to-Date ▼ 220.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.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 SAINT CLOUD FEC ID number of contributing federal political committee. Name of Employer OSCALA REGIONAL HOSPITAL Receipt For: Primary General Other (specify) ▼	State FL Occupation PARAMEDIC Aggregate Y	Zip Code 34771 ear-to-Date ▼ 210.00	Date of Receipt 07 01 2015 Transaction ID : SA11AI.16783 Amount of Each Receipt this Period 10.00 PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		1a 3	11b 14	11c	12 16	17
Any information copied from such Reports and Statements may not be sold or used by an or for commercial purposes, other than using the name and address of any political comm				the pu	urpose o ibutions	f soliciting	g contribu	itions
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYE	ES INT'L UNIC	N FEDERAL POLITI	CAL A	СТІ	ON FL	JND		
Full Name (Last, First, Middle Initial) A. ODETTE JOHNSON			Dat	e of F	Receipt			
Mailing Address 3615 WILLETT AVENU APT. 5				[™]	/ D 31		ү ү 2015	Y
City BRONX	State NY	Zip Code 10467-5529				: SA11AI		
		10407-3323	Am	ount c	of Each I	Receipt th	nis Period	
FEC ID number of contributing federal political committee.	С				7		10	0.00
Name of Employer	Occupation			ROLL	DEDUC	TION		
Schervier Nursing Care Center	CERTIFIED	IURSING ASSISTANT						
Receipt For:	Aggregate Y	ear-to-Date 🔻						
Other (specify)		210.00]					
Full Name (Last, First, Middle Initial) B. ANGELA JONES			Dat	e of F	Receipt			
Mailing Address 156 WELLESLEY STRE	ET		M	 12	/ 31		2015	Y
City	State	Zip Code	Tr	ansac	tion ID :	: SA11AI.		
HEMPSTEAD	NY	11550	Am	ount c	of Each I	Receipt th	nis Period	
FEC ID number of contributing federal political committee.	С				7		266	.42
Name of Employer	Occupation		- PAY	ROLL	DEDUC	TION		
ROCKAWAY HOME ATTENDANT SERV	HOME HEAL	TH ATTENDANT						
Receipt For:	Aggregate Y	ear-to-Date 🔻						
Other (specify)		467.68]					
Full Name (Last, First, Middle Initial) C. BUREKA JONES			Dat	e of F	Receipt			
Mailing Address 5634 LIVINGSTON TEF	RACE APT 301			™ 12	/ 31		y y 2015	Y
City OXON HILL	State MD	Zip Code 20745				: SA11AI Receipt th	.16792 nis Period	
FEC ID number of contributing federal political committee.	С				7			0.00
Name of Employer	Occupation		PAY	ROLL	DEDUC	TION		
Communicare - Forestville	Geriatric Nur	se Aide						
Receipt For:	Aggregate Y	ear-to-Date ▼						
Other (specify)		240.00]					
SUBTOTAL of Receipts This Page (option	al)						316	.42

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ITEMIZED RECEIPTS	for each category Detailed Summary	
	d by any person for the purpose of soliciting contributions I committee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	IT'L UNION FEDERAL	POLITICAL ACTION FUND
Full Name (Last, First, Middle Initial) A. Johnny Jones Mailing Address 1786 NW 53 Street City Miami	State Zip Code FL 33142-4175	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Kendall Regional Medical Ctr. Receipt For:	C Occupation Sanitation Assistant Aggregate Year-to-Date ▼	280.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) B. Ruby Jones Mailing Address 17660 NW 37 AVE City Opa Locka FEC ID number of contributing federal political committee. Name of Employer North Shore Medical Center Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33056 C Occupation PHLEBOTOMIST Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 12 31 2015 Transaction ID : SA11AI.16787 Amount of Each Receipt this Period PAYROLL DEDUCTION 230.00
Full Name (Last, First, Middle Initial) VELLA JONES Mailing Address 107-129 E 126 ST, APT 7AA City NEW YORK FEC ID number of contributing federal political committee. Name of Employer FCPC COMMUNITY AFFAIRS HSKP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 10035 C Occupation HOUSEKEEPING Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 12 31 2015 Transaction ID : SA11AI.16791 Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION 220.00
SUBTOTAL of Receipts This Page (optional)		

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ITEMIZED RECEIPTS		each category of the tailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNION	FEDERAL POLITI	CAL ACTION FUND
Full Name (Last, First, Middle Initial) Myriame Joseph Mailing Address 2122 Aldrin Road City Ocean		ip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Meridian Nursing & Rehab. @ Shrewsbury Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	C Occupation Certified Nursing Aggregate Year-t		PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) SARAN KABA Mailing Address 140 PARKHILL AVENUE 5U City STATEN ISLAND FEC ID number of contributing federal political committee. Name of Employer STELLA ORTON HOME CARE AGENCY Receipt For: Primary General Other (specify) ▼			Date of Receipt
Full Name (Last, First, Middle Initial) JETTY KARPEH Mailing Address 33 PARK HILL CT. City STATEN ISLAND FEC ID number of contributing federal political committee. Name of Employer STELLA ORTON HOME CARE AGENCY Receipt For: Primary General Other (specify) ▼			Date of Receipt
SUBTOTAL of Receipts This Page (optional)			80.00
TOTAL This Period (last page this line number	only)		

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

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEI	ES INT'L UNION FEDERAL POLI	TICAL ACTION FUND
Full Name (Last, First, Middle Initial) Navjot Kaur Mailing Address 89-90 218th St. City Queens Village FEC ID number of contributing federal political committee. Name of Employer Park Ave Ext Care Receipt For: Primary General Other (specify)	State Zip Code NY 11427 C Occupation Licensed Practical Nurse Aggregate Year-to-Date ▼ 220.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16804 Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) DEBORAH KING Mailing Address 270 NEWTOWN TPKE. City WESTPORT FEC ID number of contributing federal political committee. Name of Employer HOSPITAL LEAGUE TRAINING Receipt For: Primary General Other (specify) ▼	State Zip Code CT 06880-1021 C Occupation DIRECTOR Aggregate Year-to-Date ▼ 250.00	Date of Receipt 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 FEC ID number of contributing federal political committee. Name of Employer SEIU-CC, LLC Receipt For: Primary General Other (specify)	State Zip Code NY 11370-1919 C Occupation Director of Accounting Aggregate Year-to-Date ▼ 500.00	Date of Receipt Date of Receipt 12 31 2015 Transaction ID : SA11AI.16807 Amount of Each Receipt this Period 250.00 PAYROLL DEDUCTION
	nal)	
TOTAL This Period (last page this line nu	mber only)	

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•••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and Sta for commercial purposes, other than using the											
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	IT'L UNI	ON FEDERAL POLITIC	CAL ACTION FUND								
Α.	Full Name (Last, First, Middle Initial) TYRELL KNOWLES Mailing Address 35 HAWTHORNE AVE., APT 3			Date of Receipt	-							
	City YONKERS	State NY	Zip Code 10701	12 31 2015 Transaction ID : SA11AI.16811 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		40.00								
	Name of Employer MONTEFIORE NEW ROCHELLE HOSP. Receipt For:		DRES CLERK	PAYROLL DEDUCTION								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00									
B.	Full Name (Last, First, Middle Initial) BRYAN KOCH			Date of Receipt								
	Mailing Address 3115 ROUTE 32	State	Zip Code	12 31 2015 Transaction ID : SA11AI.16814								
	KINGSTON	NY	12401	Amount of Each Receipt this Period	-							
	FEC ID number of contributing federal political committee.	С		40.00								
	Name of Employer MIDHUDSON REGIONAL HOSPITAL	Occupation FACILITIES	MECHANIC	- PAYROLL DEDUCTION								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00									
C.	Full Name (Last, First, Middle Initial)			Date of Receipt								
	Mailing Address 390 RIVERSIDE DRIVE APT. 2			12 31 Y Y Y Y Y 12 31 2015								
	City NEW YORK	State NY	Zip Code 10025-1862	Transaction ID : SA11AI.16816 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		50.00 PAYROLL DEDUCTION								
	Name of Employer	Occupation	l									
NATIONAL BENEFIT FUND - 1199 DIRECT				_								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00									
s	UBTOTAL of Receipts This Page (optional)		•	130.00	-							
т	OTAL This Period (last page this line number o	nly)	•									

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ITEMIZED RECEIPTS			for each category Detailed Summar		X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or us address of any politic	ed by any pers cal committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNI	ON FEDERAL		AL ACTION FUND
	Full Name (Last, First, Middle Initial) ANDREW KPELAPAUEE Mailing Address 12 STEBBINS AVENUE City STATEN ISLAND FEC ID number of contributing federal political committee. Name of Employer STELLA ORTON HOME CARE AGENCY Receipt For: Primary General Other (specify) ▼		Zip Code 10310 L CARE ASSISTANT Year-to-Date ▼	235.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16819 Amount of Each Receipt this Period 35.00 PAYROLL DEDUCTION
	Full Name (Last, First, Middle Initial) PATRICE LAPONTE Mailing Address 1 RICKY ROAD City MANORVILLE FEC ID number of contributing federal political committee. Name of Employer CEDAR LODGE NURSING HOME Receipt For: Primary General Other (specify) ▼	State NY C Occupation UNKNOWN Aggregate		240.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16822 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION
_	Full Name (Last, First, Middle Initial) LUIJETA LATOLLARI Mailing Address 1920 BAY RIDGE PKWY 3 City BROOKLYN FEC ID number of contributing federal political committee. Name of Employer BEST CARE, INC. Receipt For: Primary General Other (specify) ▼	State NY C Occupation HOME HEA Aggregate		215.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16824 Amount of Each Receipt this Period 15.00 PAYROLL DEDUCTION
s	UBTOTAL of Receipts This Page (optional)			····· •	90.00
т	OTAL This Period (last page this line number	only)		••••••	

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using t									
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNI	ION FEDERAL POLITI	CAL ACTION FUND						
Full Name (Last, First, Middle Initial) A. Jacqueline Lattie Mailing Address 100 DREISER LOOP APT 1 City Bronx FEC ID number of contributing federal political committee.	2B State NY	Zip Code 10475-2649	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16827 Amount of Each Receipt this Period						
Name of Employer Providence Rest Nursing Home Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 205.00	PAYROLL DEDUCTION						
Full Name (Last, First, Middle Initial) SHARON LATTY Mailing Address 1099 NE 165 TERRACE City NORTH MIAMI BEACH FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY HOSPITAL Receipt For: Primary General Other (specify) ▼	1	Zip Code 33162 ED NURSE Year-to-Date ▼ 220.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16830 Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION						
Full Name (Last, First, Middle Initial) SUSAN LEPAGE Mailing Address 33 VIA DONATO EAST City DEPEW FEC ID number of contributing federal political committee. Name of Employer Kaleida Health Receipt For: Primary General Other (specify) ▼		Zip Code 14043 AL PROCEDURES Year-to-Date ▼ 210.00	Date of Receipt						
SUBTOTAL of Receipts This Page (optional)									

Use separate schedule(s) for each category of the

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	S INT'L UNI	ON FEDERAL POLITI	CAL ACTION FUND
Full Name (Last, First, Middle Initial) LUELLA LEWIS Mailing Address 116 HANCOCK ST., 3 City BROOKLYN FEC ID number of contributing federal political committee. Name of Employer SERVICE EMPLOYEES INT'L UNION Receipt For: Primary General Other (specify)	State NY C Occupation UNKNOWN Aggregate		Date of Receipt 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 MEDFORD	State NY	Zip Code 11763	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16835 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer ST. VINCENT'S HOSPITAL Receipt For:	C Occupation COUNSELC Aggregate		PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) Valarie Lewis Mailing Address 1515 Huntington Ln City Rockledge FEC ID number of contributing federal political committee. Name of Employer Rockledge Health & Rehab Ctr. Receipt For: Primary General Other (specify)	State FL C Occupation Housekeep Aggregate		Date of Receipt 12 31 2015 Transaction ID : SA11AI.16837 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional)		•••••	220.00
TOTAL This Period (last page this line numb	per only)	••••••	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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		Detailed Summary Page		11a 13		11b 14	11c	12	17	7	
Any information copied from such Reports and S or for commercial purposes, other than using the				or the	purpo	ose of	soliciting	contribu	utions		
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I											
Full Name (Last, First, Middle Initial) A. Vilma Linares-Vaughn Mailing Address 639 West 173rd Street			Date of Receipt								
City	State	Zip Code		12 Trans	actio	31 on ID :	SA11AI.1	2015 16842			
New York	NY	10033	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С							50	0.00		
Name of Employer 1199 SEIU	Occupation Unknown	1	- P.	AYROL	ll De	EDUCI	TION				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00									
B. Full Name (Last, First, Middle Initial) DIAH LINCOLN Mailing Address 320 VANDERBILT AVE, APT	1C			Date of		eipt) / Y	2015	Y		
City STATEN ISLAND	State NY	Zip Code 11433		Transa		n ID :	SA11AI.1	16845	4		
FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period							
Name of Employer STELLA ORTON HOME CARE AGENCY Receipt For:	-	ALTH ATTENDANT	— P/	AYROL	L DE	DUCT	TION				
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00									
Full Name (Last, First, Middle Initial) C. THEODORA LOMAX			[Date of	Rec	eipt					
Mailing Address 33B LAUREL PLACE				м м 12	1	31) / Y	у у 2015	Y		
City Eatontown	State NJ	Zip Code 07724	A				SA11AL.		ł		
FEC ID number of contributing federal political committee.	С							40	0.00		
Name of Employer Meridian Nursing & Rehab	Occupation Certified N	ursing Assistant	P.	AYROL	LL DE	EDUC	HON				
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 240.00									
SUBTOTAL of Receipts This Page (optional)		•••••		-				115	5.00		

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

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$							
	ny information copied from such Reports and for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNI	ON FEDERAL POLITI	CAL ACTION FUND							
Α.	Full Name (Last, First, Middle Initial) DERRICK LOPEZ			Date of Receipt							
	Mailing Address 10-10 ST. JOHNS AVE., #2			M M / D D / Y Y Y Y Y 12 31 2015							
	City	State	Zip Code	Transaction ID : SA11AI.16851							
	BRONX	NY	10455	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		20.00							
	Name of Employer	Occupation		PAYROLL DEDUCTION							
	MONTEFIORE MT. VERNON HOSPITAL	UNKNOWN	I								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼										
в.	Full Name (Last, First, Middle Initial) DOUGLAS LOPEZ	1		Date of Receipt							
	Mailing Address 815 W 181ST ST, APT 3C			12 31 2015							
	City	State	Zip Code	Transaction ID : SA11AI.16854							
	NEW YORK	NY	10033	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С									
	Name of Employer HERITAGE HEALTH & HOUSING INC.	Occupation UNKNOWN		- PAYROLL DEDUCTION							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) JEAN CARLOS LOPEZ	1		Date of Receipt							
	Mailing Address 360 WILLIAMS AVE, #3D			12 31 2015							
	City BROOKLYN	State NY	Zip Code 11207	Transaction ID : SA11AI.16857 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		140.00							
	Name of Employer	Occupation		PAYROLL DEDUCTION							
	REGO PARK NURSING HOME	ACTIVITIE	S COORDINATOR								
	Receipt For:	Aggregate	Year-to-Date ▼	-							
	Primary General		340.00	1							
	Other (specify)										
s	SUBTOTAL of Receipts This Page (optional)			210.00							
T	OTAL This Period (last page this line numbe	r only)	•••••••								

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UN	ION FEDERAL POLITI	CAL ACTION FUND
Full Name (Last, First, Middle Initial) Arisel LORA Mailing Address 2380 WEBSTER AVE #2N City Bronx FEC ID number of contributing federal political committee. Name of Employer	State NY C	Zip Code 10458	Date of Receipt Date of Receipt 12 31 2015 Transaction ID : SA11AI.16859 Amount of Each Receipt this Period 10.00 PAYROLL DEDUCTION
Assisted Care Receipt For: Primary General Other (specify)	Patient Car	re Assistant Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) ANSY LOUIS Mailing Address 120 KENILWORTH PLACE City BROOKLYN FEC ID number of contributing federal political committee. Name of Employer NY METHODIST HOSPITAL BROOKLYN Receipt For: Primary General Other (specify) ▼		Zip Code 11210 RTATION ASSISSTANT Year-to-Date ▼ 220.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16862 Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) LORNA LUCAS Mailing Address 1160 ROGERS AVENUE City BROOKLYN FEC ID number of contributing federal political committee. Name of Employer Lutheran Medical Center Receipt For: Primary General Other (specify) ▼	State NY C Occupation Ward Clerk Aggregate		Date of Receipt 12 31 2015 Transaction ID : SA11AL.16864 Amount of Each Receipt this Period 30.00 PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional)			60.00
TOTAL This Period (last page this line number	only)		

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of Detailed Summary F		X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	IT'L UNIO	N FEDERAL F	POLITIC	AL ACTION FUND
Full Name (Last, First, Middle Initial) A. Julius Lucero Mailing Address 2013 East 54th street City	State	Zip Code		Date of Receipt
Brooklyn FEC ID number of contributing federal political committee.	NY	11234]	Amount of Each Receipt this Period 120.00
Name of Employer Brookdale Hospital Medical Ctr Receipt For: Primary General Other (specify) ▼	Occupation Registered Nu Aggregate Ye	ear-to-Date ▼	20.00	PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) B. MICHELE LYNCH Mailing Address 32 DOLPHIN WAY City RIVERHEAD FEC ID number of contributing federal political committee.	State NY	Zip Code 11901-6301	1	Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.16868 Amount of Each Receipt this Period 50.00
Name of Employer 1199 SEIU Receipt For: Primary Other (specify) ▼	Occupation POLITICAL D Aggregate Ye	ear-to-Date ▼	50.00	PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) NYASHA MADDOX Mailing Address 2733 MORRIS AVE., APT 5B City BRONX FEC ID number of contributing federal political committee. Name of Employer CENTER LIGHT HEALTHCARE Receipt For: Primary General Other (specify) ▼	State NY C Occupation TRS Aggregate Ye		20.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16871 Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional)				190.00

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

Use separate schedule(s) for each category of the

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	S INT'L UNI	ON FEDERAL POLITI	CAL ACTION FUND						
A. Full Name (Last, First, Middle Initial) Mary Mallard Mailing Address 5132 DEAL DRIVE, APT.	101 State	Zip Code	Date of Receipt						
OXON HILL FEC ID number of contributing federal political committee. Name of Employer United Medical Center	MD C Occupation Certified No	Amount of Each Receipt this Period 50.00 PAYROLL DEDUCTION							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00							
Full Name (Last, First, Middle Initial) B. Cherryl Mandel-obrien Mailing Address 1908 SW Beekman St City Port Saint Lucie FEC ID number of contributing	State FL	Zip Code 34953-1727	Date of Receipt M M / D D / Y Y Y Y 12 31 Transaction ID : SA11AI.16875 Amount of Each Receipt this Period						
rec ib number of contributing federal political committee. Name of Employer St Mary Medical Center Receipt For: ☐ Primary		ED NURSE Year-to-Date ▼ 240.00	40.00						
Full Name (Last, First, Middle Initial) C. Barbara Manea Mailing Address 1005 SW 3rd St City Hallandale Beach	State	Zip Code 33009-6113	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16877 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee. Name of Employer Aventura Hospital & Medical Center Receipt For:		re Assistant Year-to-Date ▼ 240.00	40.00 PAYROLL DEDUCTION						
SUBTOTAL of Receipts This Page (optional)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page		11a 13		11b	11c	12				
۸	v information conied from such Deposite and O	ation copied from such Reports and Statements may not t					14	15 E colicitin	16	17			
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES II	NT'L UNI	ON FEDERAL POLITI	CAL	ACT	ГIС	N FL	JND					
A.	Full Name (Last, First, Middle Initial) Sharleen Aquilla Marsh				Date o	f Re	eceipt						
	Mailing Address 430 NW 48th Ter			12 31 2015									
	City	State	Zip Code		Trans	sact	ion ID :	SA11AI.	16879				
	Plantation	FL	33317-2028	_ :	Amoun	t of	Each F	Receipt th	nis Perio	b			
	FEC ID number of contributing federal political committee.	С					,		4	0.00			
	Name of Employer	Occupation			PAYRO		DEDUC	HON					
	Westside Regional Medical	Patient Car	e Ass I										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	1									
В.	Full Name (Last, First, Middle Initial) JEREMY MARTINEZ				Date o	f Re	eceipt						
	Mailing Address 1574 40TH ST., APT 2R			12 31 2015									
	City		Transaction ID : SA11AI.16886 Amount of Each Receipt this Period										
	BROOKLYN												
	FEC ID number of contributing federal political committee.	С			20.00								
	Name of Employer NY METHODIST HOSPITAL BROOKLYN	Occupation TRANSPOF	RTATION ASSISTANT	P	YAYROI	LL C	EDUC ⁻	ΓΙΟΝ					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00]									
с.	Full Name (Last, First, Middle Initial)				Date o	f Re	eceipt						
	Mailing Address 217 DRAKE AVE, 5G				м м 12	1	D 31		2015	Y			
	City NEW ROCHELLE	State NY	Zip Code 10805					: SA11AI Receipt th		d			
	FEC ID number of contributing federal political committee.	С					,		2	20.00			
	Name of Employer	Occupation			PAYRO		DEDUC	TION					
	NY METHODIST HOSPITAL BROOKLYN	UNKNOWN	1										
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify) ▼		220.00										
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	S INT'L UNIO	ON FEDERAL POLITI	CAL ACTION FUND
Full Name (Last, First, Middle Initial) A. Full Name (Last, First, Middle Initial) Mailing Address Mailing Address 123 6TH AVENUE City LONG BRANCH FEC ID number of contributing federal political committee. Name of Employer MERIDIAN NURSING & REHAB Receipt For: Primary General		Zip Code 07740 NURSING ASSISTANT /ear-to-Date ▼	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16889 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION
City BRONX FEC ID number of contributing federal political committee. Name of Employer MONTEFIORE NEW ROCHELLE HOSP		240.00 Zip Code 10457	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16892 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION
Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) C. Betsy Marville Mailing Address 9914 62nd Ter S Apt B City Boynton Beach FEC ID number of contributing federal political committee. Name of Employer 1199 SEIU Receipt For: Primary General Other (specify) ▼	State FL C Occupation ORGANIZER Aggregate	Zip Code 33437-2871 R /ear-to-Date ▼ 1000.00	Date of Receipt M / 2015 Transaction ID : SA11AI.16893 Amount of Each Receipt this Period 600.00 PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional)			680.00

SCHEDULE A	(FEC	Form	3X)
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\rangle	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES II	NT'L UNI	ON FEDERAL POLITIC		N FUND		
	Full Name (Last, First, Middle Initial) BENSON MATHEW Mailing Address UNKNOWN City UNKNOWN FEC ID number of contributing federal political committee. Name of Employer 1199 SEIU Receipt For: Primary General Other (specify) ▼	Zip Code Year-to-Date ▼ 250.00		on ID : SA11AI.1		Y 00	
Β.	Full Name (Last, First, Middle Initial) Glady Mathew Mailing Address 190 Edgewood Ave, Apt #2 City Yonkers FEC ID number of contributing federal political committee. Name of Employer St John's Riverside Hospital Receipt For: Primary General Other (specify) ▼	Zip Code 10704 rsing Aide Year-to-Date ▼ 300.00		m ID : SA11AI.1		Y 00	
	Full Name (Last, First, Middle Initial) FAY MCALLISTER Mailing Address 1577 LINCOLN PLACE City BROOKLYN FEC ID number of contributing federal political committee. Name of Employer HAMILTON PARK NURSING & REHAB Receipt For: Primary General Other (specify) ▼	State NY C Occupation UNKNOWN Aggregate			on ID : SA11AI.1		Y 00
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNION FEDERAL PC	DLITICAL ACTION FUND
A. Full Name (Last, First, Middle Initial) PATRICK MCCABE Mailing Address 38 ASHCROFT ROAD City MEDFORD FEC ID number of contributing fordered political committee	State Zip Code MA 02155	Date of Receipt Date of Receipt 12 31 2015 Transaction ID : SA11AI.16905 Amount of Each Receipt this Period 40.00
federal political committee. Name of Employer 1199 SEIU Receipt For: Primary General Other (specify) ▼	00	
Full Name (Last, First, Middle Initial) B. MICHELLE MC CULLOUGH Mailing Address 920 E 6TH STREET City NEW YORK FEC ID number of contributing federal political committee. Name of Employer HERITAGE HEALTH & HOUSING, INC Receipt For: Primary General Other (specify) ▼	State Zip Code NY 10009 C Occupation UNKNOWN Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 12 31 2015 Transaction ID : SA11AI.16900 Amount of Each Receipt this Period Amount of Each Receipt this Period PAYROLL DEDUCTION 00
Full Name (Last, First, Middle Initial) C. Jasmine McKenzie Mailing Address 94-23 212 Place City Queens Village FEC ID number of contributing federal political committee. Name of Employer Mt Sinai Hospital of Queens Receipt For: Primary General Other (specify)	State Zip Code NY 11428 C Occupation DIETARY AIDE Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 12 31 2015 Transaction ID : SA11AI.16907 Amount of Each Receipt this Period 250.00 PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe		

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports an or for commercial purposes, other than using	erson for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	S INT'L UN	ION FEDERAL POLITI	CAL ACTION FUND						
Full Name (Last, First, Middle Initial) A. Susane McKenzie Mailing Address 268 Wainwright Street City Newark FEC ID number of contributing federal political committee. Name of Employer Morris Hills (Genesis) Receipt For: Primary General		Zip Code 07112 DI DI DI VINURSING ASSISTANT Year-to-Date ▼	Date of Receipt						
Full Name (Last, First, Middle Initial)	240.00								
B. James Mcknight Mailing Address 2003 AGATE STREET	Date of Receipt								
Orlando FEC ID number of contributing federal political committee.	State FL	Zip Code 34744	Amount of Each Receipt this Period PAYROLL DEDUCTION						
Name of Employer Osceola Regional Hospital Receipt For: Primary General Other (specify)	Occupation OR Aiide Aggregate	Year-to-Date ▼ 230.00							
C. Full Name (Last, First, Middle Initial) SARAH MCLELLAN Mailing Address 268 NO. OGDEN LOWER			Date of Receipt						
City BUFFALO FEC ID number of contributing federal political committee. Name of Employer Absolut Ctr Nsg & Rehab Orchar Receipt For: ☐ Primary General Other (specify) ▼		Zip Code 14212 D CERTIFIED AIDE Year-to-Date ▼ 240.00	Transaction ID : SA11AI.16913 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION						
SUBTOTAL of Receipts This Page (optional)			110.00						
TOTAL This Period (last page this line numb	per only)	•••••••							

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL POLITIC	CAL ACTION FUND
Brooklyn N* FEC ID number of contributing federal political committee. C Name of Employer Occu Brookdale Hospital Medical Center Patie	ate Zip Code Y 11203	Date of Receipt
Utica NY FEC ID number of contributing federal political committee. C Name of Employer Occu Masonic Care Community Certi	ate Zip Code ✓ 13501 upation fied Nursing Assistant regate Year-to-Date ▼ 220.00	Date of Receipt M • M / D • D / Y • Y • Y • Y Y 12 31 2015 2015 Transaction ID : SA11AI.16918 Amount of Each Receipt this Period 20.00 20.00 PAYROLL DEDUCTION
POMPANO BEACH FL FEC ID number of contributing federal political committee. C Name of Employer Occu NORTHWEST MEDICAL CENTER REG	ate Zip Code - 33064 upation HSTERED NURSE regate Year-to-Date ▼ 220.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16923 Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional)		60.00

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	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	f soliciting	g contrib	utions
$\left\rangle$	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNI	ON FEDERAL POLIT	ICAL	AC	ГЮ	N FL	JND		
A.	Full Name (Last, First, Middle Initial) LUCILLE MEGGISON Mailing Address 24B GLEN KEITH RD				Date c		· · ·	D / Y	Y Y	Y
	City	Zip Code 11542-3515					SA11AI.		_	
	Glen Cove FEC ID number of contributing federal political committee.		Amour		Each F	Receipt th		d 0.00		
	Name of Employer Rite Aid Receipt For:	Occupation CASHIER/0		— P	PAYRC	OLL C	DEDUC.	TION		
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00]						
	Full Name (Last, First, Middle Initial)			Date c	of Re	ceipt				
	Mailing Address P.O. BOX 308	State	Zip Code		12 Trong		31		2015	Y
	EAST MARION					Receipt th		d		
	FEC ID number of contributing federal political committee.	С			110.00					
	Name of Employer EASTERN LONG ISLAND HOSPITAL	Occupation CONTACT	ADMINISTRATOR	— P	AYRO	LL D	EDUC	ΓΙΟΝ		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 310.00	1						
с.	Full Name (Last, First, Middle Initial) Natalie Miller				Date c	of Re	ceipt			
	Mailing Address 108 Moffat St				M N 12	/	31		үү 2015	Y
	City Brooklyn	State NY	Zip Code 11207-1421	,				SA11AI Receipt th		b
	FEC ID number of contributing federal political committee.					,		4	0.00	
	Name of Employer	Occupation	1	F	PAYRC	ILL L	DEDUC	HON		
	PAGNY - Harlem Hosp Columbia Univ Affi Receipt For:	Unknown		_						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]						
s	UBTOTAL of Receipts This Page (optional)						7	7	180	0.00
т	OTAL This Period (last page this line number	only)		►			,			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I									commi	ttee	9.
	Full Name (Last, First, Middle Initial) Stacey Millman Mailing Address PO BOX 74		Date of Receipt									
	City COCHECTON	_	Transaction ID : SA11AI.16930 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	NY C Occupation	12726				3		, thi		d)0.0	0
	National Benefit Fund-1199 Receipt For: Primary General Other (specify) ▼	nunication Office Year-to-Date ▼ 500.00]									
	Full Name (Last, First, Middle Initial) Rose Mitchell Mailing Address 219 Mississippi		Date of Receipt									
	City Atlantic City FEC ID number of contributing	State NJ	Zip Code 08401-1018		12 31 2015 Transaction ID : SA11AI.16932 Amount of Each Receipt this Period							-
	federal political committee. Name of Employer Galloway Healthcare Svcs. Receipt For: Primary General Other (specify) ▼	C Occupation Unknown Aggregate	Year-to-Date ▼ 240.00	— P	PAYRC	DLL [DEDU	CTION	,	4	0.0	0
C.	Full Name (Last, First, Middle Initial) IRINA MOISEEVA Mailing Address 100 HAROLD STREET, #PH			_	Date of 12		/ D	D / 31	Y	2015	Y	1
	City STATEN ISLAND	State NY	Zip Code 10314		Tran		tion IE	D : SA1		16935	d	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer	Occupation		F	PAYRO	DLL	DEDU	ICTION				
	STELLA ORTON HOME CARE AGENCY Receipt For: Primary General Other (specify) ▼	ALTH ATTENDANT Year-to-Date ▼ 217.50]									
SUBTOTAL of Receipts This Page (optional)								0				
т	OTAL This Period (last page this line number	only)		- •			7		7			

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYE	ES INT'L UNI	ON FEDERAL POLITI	ICAL	ACT	10	N FU	IND						
Full Name (Last, First, Middle Initial)				Date of	Re	ceipt							
Mailing Address 348 RAILROAD AVENU	JE			м м 12	/	31) / Y	201	Y	Y			
City	State	Zip Code	Transaction ID : SA11AI.16937 Amount of Each Receipt this Period										
CENTER MORICHES	NY	11934											
FEC ID number of contributing federal political committee.	С			40.00									
Name of Employer	Occupation	1		PAYROL	LL D	EDUC	ΓΙΟΝ						
CEDAR LODGE NURSING HOME	UNKNOWN	l											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General			11.										
Other (specify)		240.00	4										
Full Name (Last, First, Middle Initial) B. LUZ MONTANEZ				Date of	Re	ceipt							
Mailing Address 264-18TH STREET				M M	/	31) / Y	201		Y			
City	State	Zip Code	Transaction ID : SA11AI.16941 Amount of Each Receipt this Period 20.00										
BROOKLYN	NY	11215											
FEC ID number of contributing federal political committee.	С)0			
Name of Employer	Occupation		- P.	- PAYROLL DEDUCTION									
NY METHODIST HOSPITAL BROOKLYN				_									
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General	1.99.094.0		11.										
Other (specify) ▼		, 220.00											
Full Name (Last, First, Middle Initial) C. CARMEN MONTILLA				Date of	Re	ceipt							
Mailing Address 305 EAST 171 ST., AP	T #1B			^M M	/	31) / Y	201		Y			
City	State	Zip Code		Trans	acti	on ID :	SA11AI.	.16942	2				
BRONX	NY	10457		Amount	of	Each R	Receipt th	nis Per	riod				
FEC ID number of contributing	0								40.0	00			
federal political committee.	С		P	PAYROI	LL D	EDUC	TION		40.0	0			
Name of Employer	Occupation					-							
ALLIANCE HOME SERVICES INC.	HOME ATT	ENDANT		_									
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		240.00											
SUBTOTAL of Receipts This Page (option	nal)				_	, ,		_	100.0	0			

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	for commercial purposes, other than using the												
$\left[\right]$	NAME OF COMMITTEE (In Full)												
	1199 SERVICE EMPLOYEES I	ON FEDERAL POLITIC		ACT	10	N FU	ND						
Α.	Full Name (Last, First, Middle Initial) CONSUELO MORA-MCLAUGHLIN				Date of	Re	ceipt						
	Mailing Address 851 Springfield Avenue				м м 12	/	31	/ Y	2015		Y		
	City	State	Zip Code	Transaction ID : SA11AI.16949									
	SUMMIT	NJ	07901	_	Amount	of	Each R	eceipt th	is Peri	iod			
	FEC ID number of contributing federal political committee.	С					7	7	2	240.0	00		
	Name of Employer	Occupation	1	-	PAYRO	L D	EDUCT	TION					
	Columbia University-SSA	RESEARC	HWORKER										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		440.00										
В.	Full Name (Last, First, Middle Initial)			Date of	Re	ceipt							
	Mailing Address 20 PORACH ST., #3B			-	M M	/	DD	/ Y	Y	Y	Y		
					12		31		2015	;			
	City	State	Zip Code	Transaction ID : SA11AI.16947 Amount of Each Receipt this Period									
	YONKERS	NY	10703										
	FEC ID number of contributing federal political committee.	С	40.00										
	Name of Employer ST. JOHN'S RIVESIDE HOSPITAL	Occupation		- PAYROLL DEDUCTION									
	Receipt For:	Aggregate	Year-to-Date ▼	-									
	Primary General	33 - 3											
	Other (specify) v		, , , , , , , , , , , , , , , , , , , ,										
C.	Full Name (Last, First, Middle Initial) SHAMEEKA MORRIS				Date of	Re	ceipt						
	Mailing Address 644 CARY AVENUE				M M 12	/	31	/ Y	2015		Y		
	City STATEN ISLAND	State NY	Zip Code 10310	_				SA11AI.					
	FEC ID number of contributing	0			7 (mount						-		
	federal political committee.	С			PAYRO					70.(00		
	Name of Employer	Occupation				0	2200						
	BEST CARE INC.	HOME HE	ALTH ATTENDANT	_									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_									
	Other (specify)		270.00										
5	UBTOTAL of Receipts This Page (optional)					_	5	- 7	3	\$50.0	0		

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NAME OF COMMITTEE (In Full)	INT'L UNI	ON FEDERAL POLITI	CAL ACTION FUND
Full Name (Last, First, Middle Initial) Michele Moscova Mailing Address 808 Malibu Drive City Silver Spring FEC ID number of contributing federal political committee. Name of Employer United Medical Center Receipt For: Primary General Other (specify)	Date of Receipt M M M M Y		
Full Name (Last, First, Middle Initial) BARBARA Mothersill Mailing Address 1169 Hampton Blvd City North Lauderdale FEC ID number of contributing federal political committee. Name of Employer Northwest Medical Center Receipt For: Primary General Other (specify) ▼	State FL C Occupation Registered Aggregate		Date of Receipt 12 31 2015 Transaction ID : SA11AI.16956 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) WINIFRED MULBAH Mailing Address 55 BOWEN STREET 402 City STATEN ISLAND FEC ID number of contributing federal political committee. Name of Employer STELLA ORTON HOME CARE AGENCY Receipt For: Primary General Other (specify) ▼		Zip Code 10304 L CARE ASSISTANT Year-to-Date ▼ 240.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16958 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or for commercial purposes, other than using the			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	INT'L UN	ION FEDERAL POLIT	ICAL ACTION FUND
Full Name (Last, First, Middle Initial) Melanie Myers Mailing Address 190 Clay Cut Cir City Haines City FEC ID number of contributing federal political committee. Name of Employer Osceola Regional Hospital Receipt For: Primary General Other (specify)	State FL Occupation Unit Secere Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) KATHLEEN NAJAB Mailing Address 460 GRANT STREET, APT City BROOKLYN FEC ID number of contributing federal political committee. Name of Employer LUTHERINE MEDICAL CENTER Receipt For: Primary General Other (specify)	State NY C Occupation PATIENT C	Zip Code 11208 CARE TECHNICIAN Year-to-Date ▼ 220.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16963 Amount of Each Receipt this Period 20.00 20.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) NEONDRA NAVARRO Mailing Address 5 WHELAN PL., APT 307 City FEC ID number of contributing federal political committee. Name of Employer MONTEFIORE MT VERNON HOSPITAL Receipt For: Primary General Other (specify) ▼	State C Occupation UNKNOWN Aggregate		Date of Receipt 12 15 2015 Transaction ID : SA11AI.16966 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe			

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or for commercial purposes, other than using the	used by any person for the purpose of soliciting contributions itical committee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNION FEDERA	AL POLITICAL ACTION FUND
Full Name (Last, First, Middle Initial) ANGELICA NAVENTA Mailing Address 207 DIXON AVENUE 1FL City STATEN ISLAND FEC ID number of contributing federal political committee. Name of Employer STELLA ORTON HOME CARE AGENCY Receipt For: Primary General Other (specify)	State Zip Code NY 10303 C Occupation HOME HEALTH ATTENDANT Aggregate Year-to-Date ▼	Date of Receipt 12 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 FEC ID number of contributing federal political committee. Name of Employer MONTEFIORE MT VERNON HOSPITAL Receipt For: Primary General Other (specify) ▼	State Zip Code C Occupation UNKNOWN Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 12 31 2015 Transaction ID : SA11AI.16971 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION 240.00
Full Name (Last, First, Middle Initial) C. Khady Ndiaye Mailing Address 2558 Hone Ave City Bronx FEC ID number of contributing federal political committee. Name of Employer Workmens Circle Receipt For: Primary General Other (specify) ▼	State NY Zip Code 10469 10469 C Occupation Occupation Certified Nursing Aide Aggregate Year-to-Date ▼ ▼	Date of Receipt 12 12 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		

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

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNI	ON FEDERAI		CAL ACTION FUND
Full Name (Last, First, Middle Initial) A. Roxey Nelson Mailing Address Apt. 303 City Miami Lakes FEC ID number of contributing federal political committee. Name of Employer 1199 SEIU Receipt For: Primary General Other (specify) ▼		Zip Code 33014 DIRECTOR Year-to-Date ▼	400.00	Date of Receipt
Full Name (Last, First, Middle Initial) Tracy Nelson Mailing Address 6451 Preakness Dr City Orlando FEC ID number of contributing federal political committee. Name of Employer Central Florida Hospital Svc & Tech Receipt For: Primary General Other (specify) ▼	State FL Occupation FANS Assis Aggregate		564.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.16975 Amount of Each Receipt this Period 364.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) DENISE NEWSONE Mailing Address 66 WILLIAMS AVE., #1E City BROOKLYN FEC ID number of contributing federal political committee. Name of Employer BHRAGS HOME CARE-HA Receipt For: Primary General Other (specify)	1	Zip Code 11207	600.00	Date of Receipt 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				964.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.																	
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	IT'L UNI	ON FEDERAL POLITI	CAL	ACT	ГЮ	N I	FU	ND								
Α.	Full Name (Last, First, Middle Initial) Jeannine Offord Mailing Address 155 ARTIST LAKE DRIVE					Date of Receipt											
	City State Zip Code						12 31 2015 Transaction ID : SA11AI.16981										
	MIDDLE ISLAND	NY		Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			PAYROLL DEDUCTION												
	Name of Employer	Occupation															
	Cedar Lodge Nursing Home Receipt For:								_								
	Primary General Other (specify) ▼	Aggregate															
в.	ull Name (Last, First, Middle Initial) DANIEL OFORI						Date of Receipt										
	Mailing Address 48 SPARTAN AVE 448						12 31 2015 Transaction ID : SA11AI.16983										
	City State Zip Code STATEN ISLAND NY 10303																
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period)					
	Name of Employer STELLA ORTON HOME CARE AGENCY	HOME CARE AGENCY HOME HEALTH ASSISTANT General Aggregate Year-to-Date ▼						PAYROLL DEDUCTION									
	Receipt For: Primary General Other (specify) ▼																
с.	Full Name (Last, First, Middle Initial) ADENIKE OLUWAYOSE						eceip	ot									
	Mailing Address UNKNOWN						12 31 2015										
	City UNKNOWN	Zip Code		Transaction ID : SA11AI.16985 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	ů – Elektrik							41.59 PAYROLL DEDUCTION								
	Name of Employer Occupation						DED	UCT	FION								
	STELLA ORTON HOME CARE AGENCY																
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 241.59														
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	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN															
Α.	Full Name (Last, First, Middle Initial) Dinorah Ortega Mailing Address 362 SUTTER AVE APT 6D				Date of Receipt											
	City Brooklyn	State NY	Zip Code 11212	12 312015 Transaction ID : SA11AI.16987												
	FEC ID number of contributing federal political committee.	С				Amount of Each Receipt this Period										
	Name of Employer B.H.R.A.G.S. Home Care-HA	Occupation Health Aide			- PAYROLL DEDUCTION											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220													
B.	Full Name (Last, First, Middle Initial) ZITA ORTIZ					Date of	Re	ceipt								
	Mailing Address 116 ADDISON PLACE							12 31 2015								
	MEDFORD	NY	21p Code 11763						SA11AI. Receipt th		d					
	FEC ID number of contributing federal political committee.			40.00												
	Name of Employer CEDAR LODGE NURSING HOME	Occupation UNKNOWN			PAYROLL DEDUCTION											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240	0.00												
c.	Full Name (Last, First, Middle Initial) ADEKUNKLE OWOLABI					Date of	Re	ceipt								
	Mailing Address 141 PINE PLACE, #1					м м 12	/	31		ү ү 2015	Y					
	City STATEN ISLAND	State NY	Zip Code 10304		A				SA11AI . Receipt th		d					
	FEC ID number of contributing federal political committee.	С				250.00										
	Name of Employer	Occupation			_ P/	AYROI	_L D	EDUC	TION							
	STELLA ORTON HOME CARE AGENCY Receipt For: Primary General Other (specify) ▼		L CARE ASSISTANT Year-to-Date ▼ 450	0.00												
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т	OTAL This Period (last page this line number o	nly)		►				,	- 7							

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UN	ION FEDERAL POLITIO	CAL ACTION FUND						
A. Full Name (Last, First, Middle Initial) A. TAMARA PADEN Mailing Address 3764 BRONX BLVD., APT #2 City BRONX	2B State NY	Zip Code 10467	Date of Receipt						
FEC ID number of contributing federal political committee. Name of Employer TERRACE HEALTHCARE CENTER Receipt For: Primary General Other (specify) ▼		PRACTICAL NURSE Year-to-Date ▼ 205.00	PAYROLL DEDUCTION						
Full Name (Last, First, Middle Initial) B. JANEIRO PADGETT Mailing Address 2227 14TH ST, NE City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer WASHINGTON CTR FOR AGING SERV. Receipt For: Primary General Other (specify) ▼		Zip Code 20018 20018 RVICE WORKER Year-to-Date ▼ 260.00	Date of Receipt M						
Full Name (Last, First, Middle Initial) BARBARA PARKER Mailing Address 2902 E MONUMENT STREE City BALTIMORE FEC ID number of contributing federal political committee. Name of Employer Rock Glen Nursing and Rehabilitation C Receipt For: Primary General Other (specify)	State MD C Occupation DIETARY S		Date of Receipt 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)	••••••							

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	NT'L UNI	ON FEDERAL POLITI	CAL	АСТ	ION	FU	IND					
Α.	Full Name (Last, First, Middle Initial) Christine PARKER Mailing Address 11 GREENBURY CT				Date of Receipt								
	City Baltimore	State MD	Zip Code 21207-5426	A	12 31 2015 Transaction ID : SA11AI.17000 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			40.00								
	Name of Employer Genesis - Perring Parkway Center	Occupation Aide-Dietar		— P/ —	AYROL	L DED	UCT	ΓΙΟΝ					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00										
В.	Full Name (Last, First, Middle Initial) DAPHNE PARKES				Date of Receipt								
	Mailing Address 110 ARLINGTON PLACE		12 31 2015 Transaction ID : SA11AI.17004										
	City STATEN ISLAND	State NY	Zip Code 10303					SA11AI.1 Receipt th		d			
	FEC ID number of contributing federal political committee.	С			40.00								
	Name of Employer STELLA ORTON HOME CARE AGENCY	Occupation HOME HEA	NLTH ATTENDANT	— P/	PAYROLL DEDUCTION								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00										
с.	Full Name (Last, First, Middle Initial) JOSEPH FRANVIE A PAZ				Date of	Recei	pt						
	Mailing Address 16 TULIP STREET				м м 12	/ [31		2015	Y			
	City BERGENFIELD	State NJ	Zip Code 07621	A				SA11AI. Receipt th		d			
	FEC ID number of contributing federal political committee.	С			4	0.00							
	Name of Employer	Occupation	1	P.	PAYROLL DEDUCTION								
	WORKMENS CIRCLE Receipt For:	REGISTER	ED NURSE STAFF										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00										
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNI	ON FEDERAL POLITI	CAL ACTION FUND
A. Full Name (Last, First, Middle Initial) Mailing Address 2184 LIGHT STREET City BRONX FEC ID number of contributing federal political committee. Name of Employer WORKMENS CIRCLE Receipt For:	State NY C Occupation SOCIAL W Aggregate	Date of Receipt 12 31 2015 Transaction ID : SA11AI.17009 Amount of Each Receipt this Period 45.00 PAYROLL DEDUCTION	
Other (specify)		245.00	
Full Name (Last, First, Middle Initial) B. TERESA PEGURO ORTEGA Mailing Address 1001 GRAND CONCOURSE City BRONX FEC ID number of contributing federal political committee. Name of Employer ALLIANCE HOME SERVICES INC. Receipt For: Primary General Other (specify) ▼	State NY C Occupation HOME ATT		Date of Receipt 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 JAMAICA FEC ID number of contributing federal political committee. Name of Employer NY METHODIST HOSPITAL BROOKLYN Receipt For: Primary General Other (specify) ▼	State NY C Occupation DIETARY A Aggregate		Date of Receipt 12 31 2015 Transaction ID : SA11AI.17017 Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UN	ION FEDERAL POLITI	CAL ACTION FUND						
Full Name (Last, First, Middle Initial) Maria Perez Mailing Address 455 OCEAN AVE #5C City Brooklyn	State NY	Zip Code 11226	Date of Receipt Mark / Date / Y						
FEC ID number of contributing federal political committee. Name of Employer Best Care, INC. Receipt For:	1	re Asssistant Year-to-Date ▼ 210.00	PAYROLL DEDUCTION						
Full Name (Last, First, Middle Initial) MARIA PEREZ Mailing Address 1274 SW 71ST TER. City NORTH LAUDERDALE FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY HOSPITAL Receipt For: Primary General Other (specify) ▼	1	Zip Code 33068 CARE ASSISTANT Year-to-Date ▼ 280.00	Date of Receipt M 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 BRONX FEC ID number of contributing federal political committee. Name of Employer BEST CARE, INC. Receipt For: Primary General Other (specify) ▼		Zip Code 10466 ALTH AIDE Year-to-Date ▼ 430.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.17022 Amount of Each Receipt this Period 230.00 PAYROLL DEDUCTION						
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNI	ON FEDERAL POLITI	CAL ACTION FUND
Full Name (Last, First, Middle Initial) Johanna Phillips Mailing Address 1002 SE 10th St City Deerfield Beach FEC ID number of contributing federal political committee. Name of Employer Northwest Medical Center Receipt For: Primary General Other (specify)	State FL Occupation Ultrasound Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) B. SHAUN PHILLIPS Mailing Address 614 EAST 84TH STREET City BROOKLYN FEC ID number of contributing federal political committee. Name of Employer NY METHODIST HOSPITAL BROOKLYN Receipt For: Primary General Other (specify) ▼	State NY C Occupation UNKNOWN Aggregate	Zip Code 11236	Date of Receipt 12 31 2015 Transaction ID : SA11AI.17025 Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) ROBERTO PINA Mailing Address 2439 PITKIN AVENUE City BROOKLYN FEC ID number of contributing federal political committee. Name of Employer NY METHODIST HOSPITAL BROOKLYN Receipt For: Primary General Other (specify) ▼	State NY C Occupation UNKNOWN Aggregate		Date of Receipt 12 31 2015 Transaction ID : SA11AI.17030 Amount of Each Receipt this Period 113.60 PAYROLL DEDUCTION
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	NT'L UNI	ON FEDERAL POLITI	CAL ACTION FUND					
Α.	Full Name (Last, First, Middle Initial) Neka Pinkney Mailing Address 1165 Golden Lakes Blvd, Apt 1 City West Palm Beach FEC ID number of contributing	a Pinkney g Address 1165 Golden Lakes Blvd, Apt 1225 State Zip Code FL 33411-3390							
	federal political committee. Name of Employer Courtyard Gardens - Jupiter Receipt For: Primary General Other (specify) ▼	Occupation Floor Tech	Year-to-Date ▼ 230.00	PAYROLL DEDUCTION					
В.	Full Name (Last, First, Middle Initial) ERENIA PIO Mailing Address 2167 BELMONT AVENUE City BRONX FEC ID number of contributing federal political committee. Name of Employer ALLIANCE HOME SERVICES INC. Receipt For: Primary General Other (specify) ▼	State NY C Occupation HOME ATT Aggregate		Date of Receipt 12 31 2015 Transaction ID : SA11AI.17035 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION					
C.	Full Name (Last, First, Middle Initial) NINA PONOMARENKO Mailing Address 104 RUSSELL STREET City STATEN ISLAND FEC ID number of contributing federal political committee. Name of Employer STELLA ORTON HOME CARE AGENCY Receipt For: Primary General Other (specify) ▼		Zip Code 10308 ALTH ATTENDANT Year-to-Date ▼ 205.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.17037 Amount of Each Receipt this Period 5.00 PAYROLL DEDUCTION					
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	IT'L UNION FEDERAL POLIT	ICAL ACTION FUND
Full Name (Last, First, Middle Initial) A. Ruth Poppke Mailing Address 3281 Painters St City Spring Hill	State Zip Code FL 34606-2816	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Spring Hill Health & Rehab Center Receipt For: □ Primary □ General ○ Other (specify) ▼	C Occupation Certified Nursing Assistant Aggregate Year-to-Date ▼ 230.00	PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) Feurtado Powell Mailing Address 143-15 180TH STREET City Jamaica FEC ID number of contributing federal political committee. Name of Employer Margaret Tietz Center Nurs. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 11434 C C Occupation C Certified Nursing Assistant Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 210.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.17044 Amount of Each Receipt this Period 10.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) JENEVA POWELL Mailing Address 3328 BARKER AVE, 2ND FL. City BRONX FEC ID number of contributing federal political committee. Name of Employer ALLIANCE HOME SERVICES INC Receipt For: Primary General Other (specify) ▼	State NY Zip Code NY 10467 C C Occupation C HOME ATTENDANT Aggregate Year-to-Date ▼ 230.00 230.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.17042 Amount of Each Receipt this Period 30.00 PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional)		

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNIC	N FEDERAL PO	OLITICA	L ACTION FUND
Full Name (Last, First, Middle Initial) Debra Pucci Mailing Address 888 Union St City Brooklyn FEC ID number of contributing federal political committee. Name of Employer Healthcare Education Project (H.E.P.) Receipt For: Primary General Other (specify) ▼	State NY C Occupation DIRECTOR Aggregate Y	Zip Code 11215-1609 ear-to-Date ▼ 550	0.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.17049 Amount of Each Receipt this Period 300.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) Joshua Puello Mailing Address 35-43 84TH ST, APT 100 City JACKSON HEIGHTS FEC ID number of contributing federal political committee. Name of Employer NEW YORK PRESBYTERIAN-QUEENS Receipt For: Primary General Other (specify) ▼	State NY C Occupation TRANSPORT Aggregate Y	ear-to-Date ▼	.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.17046 Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) Bryan Putman Mailing Address 14156 Crane Ter City Clearwater FEC ID number of contributing federal political committee. Name of Employer St.Petersburg General Svc & Tech Receipt For: Primary General Other (specify) ▼	State FL Occupation Histology Aid Aggregate Y	ear-to-Date ▼	5.00	Date of Receipt 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				695.00

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

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	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES II	NT'L UNI	ON FEDERAL POLITIC	CAL ACTION FUND							
A.				Date of Receipt							
	Mailing Address 6818 16th Ave	State	Zip Code								
	Brooklyn	NY	11204-5042	Transaction ID : SA11AI.17052 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer	Occupation	1	PAYROLL DEDUCTION							
	Hamilton Park Nursing & Rehab	Dietary Aid	e	_							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		230.00								
В.	Full Name (Last, First, Middle Initial)										
	Mailing Address 3683 HARPER AVENUE, #PH	12 31 2015									
	City	State NY	Zip Code	Transaction ID : SA11AI.17055							
	FEC ID number of contributing federal political committee.	С	10466	Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION							
	Name of Employer ALLIANCE HOME SERVICES INC	Occupation	ALTH ATTENDANT								
	Receipt For: Primary General Other (specify) ▼	-	Year-to-Date ▼ 220.00								
с.	Full Name (Last, First, Middle Initial)			Date of Receipt							
	Mailing Address 97-05 25TH AVENUE #1			M M / D D / Y Y Y Y Y 12 31 2015							
	City East Elmhurst	State NY	Zip Code 11369-1638	Transaction ID : SA11AI.17057 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		10.00							
	Name of Employer	Occupation	1	_ PAYROLL DEDUCTION							
			mbassador	_							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		210.00								
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A.	Full Name (Last, First, Middle Initial) Darryl Reevey Mailing Address 95 RICHARD AVE., APT #14				Date of Receipt										
	City	State	Zip Code	_	12 31 2015 Transaction ID : SA11AI.17059										
	EATONTOWN	NJ	07724		_ Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С									40.0	00			
		Occupation			PAYROLL DEDUCTION										
	Possint For:		Year-to-Date ▼ 240.00	1	_										
в.	Full Name (Last, First, Middle Initial)				Date of Receipt										
	Mailing Address 9911 OLD FORT		12 31 2015												
	City FORT WASHINGTON						SA11AL		od	_					
	FEC ID number of contributing federal political committee.														
		Occupation FOOD SER			- PAYROLL DEDUCTION										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]											
с.	Full Name (Last, First, Middle Initial)				Date o	f Re	eceipt								
	Mailing Address 1547 COMMONWEALTH, #C3				м м 12	/		D 31	/ Y	2015		Y			
	City BRONX	State NY	Zip Code 10460						SA11AI. eceipt th						
	FEC ID number of contributing federal political committee.	С					7				20.0	00			
	Name of Employer	Occupation	1	F	AYROLL DEDUCTION										
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	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	1											
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Full Name (Last, First, Middle Initial)			Date of Receipt															
Mailing Address 1318 EAST 33RD S	TREET			12 31 2015 Transaction ID : SA11AI.17068														
City	State	Zip Code	_															
BALITIMORE	MD	21218		Amount of Each Receipt this Period														
FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period														
Name of Employer	Occupation			PAYRO	LL DE	DUC.	JCTION											
GENESIS- HOMEWOOD CENTER	LAUNDRY																	
Receipt For:	Aggregate	Year-to-Date ▼																
Primary General			11															
Other (specify) ▼		260.00																
	Full Name (Last, First, Middle Initial) Marcia Ridgell							Date of Receipt										
Mailing Address 9612 Lily Bank Ct				12 31 2015														
City	State	Zip Code			actior		SA11AL											
Riviera Beach	FL	33407-1134		Amount	t of Ea	ach F	Receipt th	is Period										
FEC ID number of contributing federal political committee.	C			40.00														
Name of Employer	Occupation	1		- PAYROLL DEDUCTION														
West Boca Medical Center	REGISTER	ED NURSE SPECIALTY																
Receipt For:	Aggregate	Year-to-Date ▼																
Other (specify)		, 240.00																
Full Name (Last, First, Middle Initial) C. FRANCESCA ROBINSON				Date of Receipt														
Mailing Address 602 NW HAMILTON	STREET			^M M	/	31		2015	Y									
City	State	Zip Code		Trans	actio	n ID :	: SA11AI.	17076										
WASHINGTON	DC	20011	_	Amount	t of Ea	ach F	Receipt th	is Period										
FEC ID number of contributing federal political committee.	C				,	DUO		50	0.00									
Name of Employer	Occupation	I		PAYRO	LL DE	DUC	HON											
UNITED MEDICAL CENTER	UNKNOW	١																
Receipt For:	Aggregate	Year-to-Date ▼																
Other (specify)		250.00																
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNI	ON FEDERAL POLITI	CAL ACTION FUND
Full Name (Last, First, Middle Initial) A. Roosevelt Roche Mailing Address 1931 NE 178th St City North Miami Beach FEC ID number of contributing federal political committee. Name of Employer Palms West Hospital Receipt For: Primary General Other (specify)	State FL C Occupation Unknown Aggregate	Zip Code 33162-2207 Year-to-Date ▼ 240.00	Date of Receipt 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, A City BRONX FEC ID number of contributing federal political committee. Name of Employer ALLIANCE HOME SERVICES INC Receipt For: Primary General Other (specify) ▼	State NY C Occupation HOME HEA	Zip Code 10457 NALTH ATTENDANT Year-to-Date ▼ 240.00	Date of Receipt 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 2 City BRONX FEC ID number of contributing federal political committee. Name of Employer MONTEFIORE HOSPITAL Receipt For: Primary General Other (specify)	State NY C Occupation SECRETA		Date of Receipt 12 31 2015 Transaction ID : SA11AI.17084 Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION
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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
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	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES II	NT'L UNI	ION FEDERAL POLITIC	CAL ACTION FUND				
Α.	Full Name (Last, First, Middle Initial) FLOR ROMAN Mailing Address 356 SOUTH 1, ST #26			Date of Receipt				
	City BROOKLYN	State NY	Zip Code 11211	Transaction ID : SA11AI.17087 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С						
	Name of Employer BEST CARE INC Receipt For:		n ALTH ATTENDANT Year-to-Date ▼	PAYROLL DEDUCTION				
	Primary General Other (specify)		205.00					
В.	Full Name (Last, First, Middle Initial) Adalgiza Romero De Chevalier			Date of Receipt				
	Mailing Address 11305 101 AVE APT 2R	State	Zip Code	12 31 2015 Transaction ID : SA11AI.17089				
	Queens	NY	11419	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		5.00				
	Name of Employer People Care	Occupation THH	1	PAYROLL DEDUCTION				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 205.00					
C.	Full Name (Last, First, Middle Initial) JOHN RUSINKO			Date of Receipt				
	Mailing Address P.O. BOX 395			12 31 2015				
	City SWAN LAKE	State NY	Zip Code 12783-0395	Transaction ID : SA11AI.17091 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		20.00				
	Name of Employer	Occupation	1					
	Catskill Regional Medical Center Receipt For:		ANCE MECHANIC	_				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00					
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$\Big\rangle$	1199 SERVICE EMPLOYEES II	NT'L UNI	ON FEDERAL POLITI		ACT	10	N FL	JND				
Α.	Full Name (Last, First, Middle Initial) ONIKA RUSSELL				Date of	Re	ceipt					
	Mailing Address 543 EAST 21ST STREET APT E1				м м 12	/	31	D / Y	y 201	ү 5	Y	
	City	State	Zip Code		Transaction ID : SA11AI.17093							
	BROOKLYN	NY	11226	_	Amount	of	Each F	Receipt th	is Per	riod		
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	Name of Employer	Occupation	I		AYROL	.L U	EDUC	HON				
	BROOKDALE HOSPITAL MEDICAL CTR	CLERK, AD	DMITTING									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		220.00									
в.	Full Name (Last, First, Middle Initial) Monica Russo				Date of	Re	ceipt					
	Mailing Address 11 NW 154th Street				^M ^M	/	31	У / Y	۲ 2015	Y 5	Y	
	City	State FL	Zip Code					SA11AI.1				
	Miami	33169		Amount	of	Each F	Receipt th	is Per	riod			
	FEC ID number of contributing federal political committee.	С			420.00 PAYROLL DEDUCTION							
	Name of Employer 1199 SEIU	Occupation EXECUTIV		- P.								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00									
c.	Full Name (Last, First, Middle Initial) ROCHELLE SALCEDO				Date of	Re	ceipt					
	Mailing Address 2351 APACHE DRIVE				м м 12	/	D 31		۲ 201		Y	
	City MELBOURNE	State FL	Zip Code 32935					SA11AI.				
			52355	- '	Amount	of	Each F	Receipt th	is Per	riod		
	FEC ID number of contributing federal political committee.	C			PAYROI		/			130.	00	
	Name of Employer	Occupation		' '	AIRO	-L L		non				
	PALMS REHAB & HEALTHCARE CTR Receipt For:	CERTIFIED	NURSES AIDE	_								
	Primary General	Aggregate	Year-to-Date ▼	.								
	Other (specify) ▼		330.00									
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	NT'L UNI	ION FEDERAL POLITIC	CAL ACTION FUND
Full Name (Last, First, Middle Initial) VALERIE SALGADO Mailing Address 920 METCALF AVE., APT #16 City BRONX FEC ID number of contributing federal political committee. Name of Employer MONTEFIORE NEW ROCHELLE HOSP. Receipt For: Primary General	State NY Occupation UNKNOWN	V Year-to-Date ▼	Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17100 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. ELIZABETH SAMUEL Mailing Address 185 PARKHLL AVENUE 5-F City STATEN ISLAND FEC ID number of contributing federal political committee. Name of Employer STELLA ORTON HOME CARE AGENCY Receipt For: Primary General Other (specify) ▼		Zip Code 10304 L CARE ASSISTANT Year-to-Date ▼ 230.00	Date of Receipt 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 City NEW YORK FEC ID number of contributing federal political committee. Name of Employer ALLIANCE HOME SERVICES INC Receipt For: Primary General Other (specify) ▼	State NY Occupation HOME ATT		Date of Receipt
SUBTOTAL of Receipts This Page (optional)			110.00

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or for commercial purposes, other than using	erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	S INT'L UNI	ION FEDERAL POLITI	CAL ACTION FUND
Full Name (Last, First, Middle Initial) SALUSTIANA SANTANA Mailing Address 36 ARDEN STREET APT. 4E City NEW YORK FEC ID number of contributing federal political committee. Name of Employer BEST CARE, INC. Receipt For: Primary General Other (specify)	State NY C Occupation HOME HEA Aggregate		Date of Receipt 12 31 2015 Transaction ID : SA11AI.17104 Amount of Each Receipt this Period 220.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) Jorge Santos Mailing Address 300-02 east 138th street City Bronx FEC ID number of contributing federal political committee. Name of Employer A.R.E.B.A. Casriel Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation Nurse Assis Aggregate		Date of Receipt 12 31 2015 Transaction ID : SA11AI.17109 Amount of Each Receipt this Period 3.06 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) Grace Sapini Mailing Address P. O. BOX 1895 City Baldwin FEC ID number of contributing federal political committee. Name of Employer Long Island Jewish Medical Ctr Receipt For: Primary General Other (specify) ▼		Zip Code 11510 re Assistant Year-to-Date ▼ 210.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	y information copied from such Reports and S for commercial purposes, other than using the							f soliciting	g contrib	utions					
$\left\rangle$	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNI	ON FEDERAL POLITI	CAL	AC	ГIC)N Fl	JND							
A .	Full Name (Last, First, Middle Initial) Harriet Sausner Mailing Address 8180 CLEARY BLVD, APT 18	02			Date o		eceipt	D / Y	YY	Y					
	City FORT LAUDERDALE	State FL	Zip Code 33324					: SA11AI Receipt tl		d					
	FEC ID number of contributing federal political committee.	С					7			00.00					
	Name of Employer 1199 SEIU	Occupation FINANCE N		— P	PAYRO	ILL [DEDUC	TION							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00]											
B.	Full Name (Last, First, Middle Initial) MACDONALD SAWYER				Date o	of Re	eceipt								
Mailing Address 320 VANDERBILT AVENUE 6L City State			6L												
	STATEN ISLAND								Transaction ID : SA11AI.17115 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			25.00										
	Name of Employer STELLA ORTON HOME CARE AGENCY	Occupation PERSONAL	_ CARE ASSISTANT	- P	AYRO	LL C	DEDUC.	TION							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]											
C.	Full Name (Last, First, Middle Initial) Patricia Scott				Date o	of Re	eceipt								
	Mailing Address 75 Ellwood Street # 4 K				^M 12	1 /	́д 31		ү ү 2015	Y					
	City New York	State NY	Zip Code 10040					: SA11AI Receipt tl		d					
	FEC ID number of contributing federal political committee.	С					л. I			0.00					
	Name of Employer	Occupation	l	F	PAYRC)LL I	DEDUC	TION							
Lenox Hill Hospital Dietar			rker												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]											
	UBTOTAL of Receipts This Page (optional)			► ►			7		23	5.00					

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	F COMMITTEE (In Full)											
∕ 1199 \$		NT'L UNI	ON FEDERAL POLITIC		ACT	10	N FL	JND				
	e (Last, First, Middle Initial) UERITE SEIDE				Date of	f Re	eceipt					
Mailing A	ddress UNKNOWN				M M	/	31	D / Y	۲ 201		Y	
City		State	Zip Code			acti		SA11AL.				
UNKNOV	VN			_	Amount	t of	Each F	Receipt th	is Pe	riod		
	umber of contributing litical committee.	С					,		_	20.	00	
Name of	Employer	Occupation	1	- F	PAYRO		DEDUC	TION				
UNKNOW	/N	UNKNOWN	l									
Receipt F		Aggregate	Year-to-Date ▼									
	nary General er (specify) _		220.00									
	e (Last, First, Middle Initial) ORY SELLE				Date of	f Re	eceipt					
Mailing A	ddress 28 TROW BLVD.			^M 12	/	31	У / Y	201		Y		
City		State	Zip Code		Trans	acti	on ID :	SA11AI.1	17123	3		
RED HO	ЭК	NY	12571	_	Amount	t of	Each F	Receipt th	is Pe	riod		
FEC ID number of contributing federal political committee.					30.00							
Name of		Occupation	1	F	PAYROLL DEDUCTION							
	FF NURSING HOME	FOOD SER	VICE AIDE									
Receipt F		Aggregate	Year-to-Date ▼									
	nary General er (specify) v		230.00									
			y									
	e (Last, First, Middle Initial) _ANA SEMKOVA				Date of	f Re	ceipt					
	ddress 40 BRIGHTON 1ST ROAD, #1	7M			^M ^M 12	/	D 1		y 201		Y	
City BROOKL	YN	State NY	Zip Code 11235					SA11AL				
	umber of contributing litical committee.	С					,		Ξ	10.	00	
Name of	Employer	Occupation	1	- I	PAYRO		DEDUC	TION				
SS. JOAC	CHIM & ANN RESIDENCE	REGISTER	ED NURSE									
Receipt F		Aggregate	Year-to-Date V									
	nary General		210.00									
Other (specify) 210.00												
SUBTOTAL	SUBTOTAL of Receipts This Page (optional)											
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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	IT'L UNION FEDERAL POLITI	CAL ACTION FUND				
Full Name (Last, First, Middle Initial) A. MARILYN SHADE Mailing Address 559 ELTON STREET		Date of Receipt				
City BROOKLYN	StateZip CodeNY11208	Transaction ID : SA11AI.17128 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C					
Name of Employer PARTNERS IN CARE Receipt For: Primary General	Occupation HOME HEALTH ATTENDANT Aggregate Year-to-Date ▼	PAYROLL DEDUCTION				
Conther (specify) ▼ Full Name (Last, First, Middle Initial) B. Brendan Shaw	300.00	Date of Receipt				
Mailing Address 297 Driggs Avenue #2B	State Zip Code	12 31 2015 Transaction ID : SA11AI.17129				
Brooklyn FEC ID number of contributing federal political committee.	NY 11222	Amount of Each Receipt this Period				
Name of Employer SEIU Communications Center Inc	Occupation DIRECTOR OF COMMUNICATION	PAYROLL DEDUCTION				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) C. Rita Shevich Mailing Address 418 GREELY AVE		Date of Receipt				
City Staten Island	State Zip Code NY 10306	M M M M Y				
FEC ID number of contributing federal political committee.	C	230.00				
Name of Employer Stella Orton Home Care Agency Receipt For: Primary General Other (specify) ▼	Occupation Patient Care Assistant Aggregate Year-to-Date ▼ 430.00	PAYROLL DEDUCTION				
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number o		580.00				

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	NT'L UNI	ION FEDERAL POLITIC	CAL ACTION FUND
Α.	Full Name (Last, First, Middle Initial) NEVA SHILLINGFORD Mailing Address 952 E 218TH STREET			Date of Receipt
	City BRONX	State NY	Zip Code 10469-1006	12 31 2015 Transaction ID : SA11AI.17133 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer 1199 SEIU Receipt For: Primary General Other (specify) v		TE VICE PRESIDENT Year-to-Date ▼ 500.00	PAYROLL DEDUCTION
в.	Full Name (Last, First, Middle Initial) LUCY SHINGLES Mailing Address 1020 26th St			Date of Receipt
	City Orlando	State FL	Zip Code 32805-5433	12 31 2015 Transaction ID : SA11AI.17135 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.				60.00 PAYROLL DEDUCTION
	Parks Health Care & Rehab. Receipt For: Primary General Other (specify) ▼		O NURSING ASSISTANT Year-to-Date ▼ 260.00	_
C.	Full Name (Last, First, Middle Initial) EBENEZER SIEBO Mailing Address 124 B PROSPECT STREET			Date of Receipt
	City STATEN ISLAND	State NY	Zip Code 10304	12 31 2015 Transaction ID : SA11AI.17137 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	Occupation		20.00 PAYROLL DEDUCTION
	Name of Employer STELLA ORTON HOME CARE AGENCY Receipt For: Primary General Other (specify) ▼	PERSONA	L CARE ASSISTANT Year-to-Date ▼ 220.00	_
s	UBTOTAL of Receipts This Page (optional)		•••••	380.00
т	OTAL This Period (last page this line number of	only)	•	

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES II	NT'L UN	ION FEDERAL POL	ITICAL ACTION FUND
A. Full Name (Last, First, Middle Initial) A. SAMUEL SIERRA Mailing Address 1859 MADISON STREET APT City RIDGEWOOD FEC ID number of contributing	State NY	Zip Code 11385-3804	Date of Receipt M M / D / Y Y Y Y 12 31 2015
FEO ID Hamber of contributing federal political committee. Name of Employer Lutheran Medical Center Receipt For: Primary General Other (specify) ▼		ATIENT SERVICE ASSOC. Year-to-Date ▼ 330.00	PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) B. CAROL SINGH Mailing Address 3105 AVE D APT 2D City BROOKLYN FEC ID number of contributing federal political committee. Name of Employer Home Care Svc Independ. Living Receipt For: Primary General Other (specify) ▼		Zip Code 11226 CARE ASSISTANT Year-to-Date ▼ 220.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.17141 Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) Donna Sisk Mailing Address 3700 38th Ave N City Saint Petersburg FEC ID number of contributing federal political committee. Name of Employer Lexington Health & Rehab Center Receipt For: Primary General Other (specify) ▼	State FL Occupation Restorative Aggregate		Date of Receipt Date of Receipt 12 2015 Transaction ID : SA11AI.17143 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional)			

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

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES II	NT'L UN	ION FEDERAL POLITIC	CAL ACTION FUND
Α.	Full Name (Last, First, Middle Initial) SANDRA SMITH Mailing Address 3537 DERIEMER AVENUE			Date of Receipt
	City	State	Zip Code	12 31 2015 Transaction ID : SA11AI.17145
	FEC ID number of contributing federal political committee.	C	10466	Amount of Each Receipt this Period
	Name of Employer MONTEFIORE HOSPITAL	Occupatior NURSING	ASSISTANT	PAYROLL DEDUCTION
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
в.	Full Name (Last, First, Middle Initial) Norma Smith-Kelly Mailing Address 3452 Corsa Ave			Date of Receipt
	City Bronx	State NY	Zip Code 10469	12 31 2015 Transaction ID : SA11AI.17147 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Workmens Circle Receipt For:	Occupation CERTIFIED	NURSING ASSISTANT	PAYROLL DEDUCTION
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	
C.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 160 PARKHILL AVENUE <u>6X</u> City	State	Zip Code	12 31 2015 Transaction ID : SA11AI.17149
	STATEN ISLAND FEC ID number of contributing	NY	10304	Amount of Each Receipt this Period
	federal political committee.	Occupation		PAYROLL DEDUCTION
STELLA ORTON HOME CARE AGENCY HOME HE			ALTH ATTENDANT Year-to-Date ▼	_
	Primary General Other (specify) ▼		220.00	
s	UBTOTAL of Receipts This Page (optional)		••••••	140.00
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNI	ION FEDERAL POLITI	CAL ACTION FUND						
A. Full Name (Last, First, Middle Initial) Mailing Address 4800 NW 24th Ct City	State	Zip Code	Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.17151						
Lauderdale Lakes FEC ID number of contributing federal political committee. Name of Employer Palms West Hospital Receipt For: Primary General	Occupation Registered		Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION						
Other (specify) ▼ Full Name (Last, First, Middle Initial) KATHLEEN SOLERO-MILLER Mailing Address 134 BAY 37TH STREET City	Other (specify) ▼ 220.00 Name (Last, First, Middle Initial) THLEEN SOLERO-MILLER								
BROOKLYN FEC ID number of contributing federal political committee. Name of Employer LUTHERINE MEDICAL CENTER Receipt For: Primary General Other (specify) ▼	NY C Occupation PATIENT S	11214	Transaction ID : SA11AI.17155 Amount of Each Receipt this Period 30.00 PAYROLL DEDUCTION						
Full Name (Last, First, Middle Initial) ROHAN SOOKNANAN Mailing Address 5214 AVENUE H City BROOKLYN FEC ID number of contributing federal political committee. Name of Employer NY METHODIST HOSPITAL BROOKLYN Receipt For: Primary General Other (specify) ▼		Zip Code 11234 DOM CLERK Year-to-Date ▼ 220.00	Date of Receipt 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									

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNION FEDERAL	POLITICAL ACTION FUND
Full Name (Last, First, Middle Initial) NOEL SOTO Mailing Address 61 NORTH BURGHER AVE. City STATEN ISLAND FEC ID number of contributing federal political committee. Name of Employer NY METHODIST HOSPITAL BROOKLYN Receipt For: Primary General Other (markit)	Date of Receipt Date of Receipt 12 31 2015 Transaction ID : SA11AI.17161 Amount of Each Receipt this Period PAYROLL DEDUCTION 210.00	
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Colleen Springer Mailing Address 1228 E 35 St. City Brooklyn FEC ID number of contributing federal political committee. Name of Employer NY Community Hosp of Brooklyn Receipt For: Primary General Other (specify) ▼	State Zip Code NY 11210 C Occupation Registered Nurse Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 12 31 2015 Transaction ID : SA11AI.17163 Amount of Each Receipt this Period 10.00 PAYROLL DEDUCTION 210.00
Full Name (Last, First, Middle Initial) LUDMILA STARBUCK Mailing Address 1230 AVENUE X APT. 1E City BROOKLYLN FEC ID number of contributing federal political committee. Name of Employer BEST CARE, INC. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 11235 C Occupation HOME HEALTH AIDE Aggregate Year-to-Date ▼	Date of Receipt 12 1
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES II	NT'L UNIO	N FEDERAL POL	ITICAL	ACT	ION FL	JND		
Full Name (Last, First, Middle Initial) Heidi Stevens Mailing Address 2032 STATE ROUTE 374 City ELLENBURG DEPOT FEC ID number of contributing federal political committee.	State NY	Zip Code 12935			/ D 31 action ID		is Period	y I D.00
Name of Employer Champlain Valley Physicians Receipt For: Primary General Other (specify) ▼	Occupation Certified Nurs Aggregate Ye		_	PAYROL	L DEDUC	TION		
Full Name (Last, First, Middle Initial) Ruby Stewart Mailing Address 680 East 224th St. City Bronx FEC ID number of contributing federal political committee. Name of Employer Terrace Healthcare Center Receipt For: Primary General Other (specify) ▼	State NY C Occupation Certified Nursi Aggregate Ye	0	_	Amount	31 action ID	: SA11AI. Receipt th	is Perioc).00
Full Name (Last, First, Middle Initial) YVETTE SWEENY Mailing Address 1064 CARROLL PL., #4C City BRONX FEC ID number of contributing federal political committee. Name of Employer ALLIANCE HOME SERVICES INC Receipt For: Primary General Other (specify) ▼	State NY C Occupation HOME ATTE! Aggregate Ye			Amount	/ D 31 action ID	I : SA11AI. Receipt th	is Perioc	
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	for commercial purposes, other than using the													
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	1199 SERVICE EMPLOYEES I						אר		שא					
Α.	Full Name (Last, First, Middle Initial) WILLOMINA TARNVE			Date of Receipt										
	Mailing Address 260 PARKHILL AVENUE				M		_	D - D	/ Y	Y	Y	Y		
	3-V City	Zip Code	12 31 2015 Transaction ID : SA11AI.17174											
	STATEN ISLAND	Amount of Each Receipt this Period												
	FEC ID number of contributing	С					-				45.	00		
	federal political committee.	U								-	45.			
	Name of Employer	Occupation			PAYRO	JLL	DEI	DUCTI	ION					
	STELLA ORTON HOME CARE AGENCY Receipt For:			_										
	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		245.00											
R	Full Name (Last, First, Middle Initial) Jennifer Tatum				Date	of P	ere	vint						
ی.	Mailing Address 1541 West 16 Street				M		_	b D	/ Y	Y	Y	Y		
		01.1	7. 0.1.	12 31 2015 Transaction ID : SA11AI.17176 Amount of Each Receipt this Period										
	City Riviera Beach	State FL	Zip Code 33404											
	FEC ID number of contributing				Anoul		. <i>L</i> с			13 F				
	federal political committee.	С			20.00							00		
	Name of Employer	Occupation	1	- I	PAYRC) LL [DED	DUCTI	ON					
	Sodexo - Palms West Hospital	Housekeep												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		, 220.00											
<u>с.</u>	Full Name (Last, First, Middle Initial) NELCIDA TAVAREZ				Date	of D	000	aint						
Ο.	Mailing Address 108-02 159TH ST., #2D				M	M		D D	/ Y		Y	Y		
	City	State	Zip Code		12 Tran		tior	31 n ID : \$	SA11AI.		015 79			
	JAMAICA	NY	11433						eceipt th					
	FEC ID number of contributing federal political committee.	С					7		,		10.	00		
	Name of Employer	Occupation	I		PAYR	OLL	DEI	DUCT	ION					
	FCPC COMMUNITY AFFAIRS	HOME HEA	ALTH ATTENDANT											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		210.00											
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	y information copied from such Reports and St for commercial purposes, other than using the												
\rangle	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	NT'L UNI	ON FEDERAL POLITIC	CAL	ACT	10	N FU	IND					
Α.	Full Name (Last, First, Middle Initial) DOREEN TAY Mailing Address 2320 BRONX PARK EAST			Date of	_	ceipt	р / Y	Y	Y	Ŷ			
	APT 6A City BRONX	12 31 2015 Transaction ID : SA11AI.17180											
	FEC ID number of contributing federal political committee.	C	10467	Amount of Each Receipt this Period									
	Name of Employer BAY PARK CENTER FOR NURSING Receipt For: Primary General	F 	PAYROL	LD.	EDUC	TION							
В.	Other (specify) ▼ Full Name (Last, First, Middle Initial) ROCCIO TAYLOR Mailing Address, 400 EAOTEEN DADK(MAX, AD		480.00		Date of	Re							
	Mailing Address 436 EASTERN PARKWAY, AP City BROOKLYN					SA11AI. ² Receipt th	20 1718		Ŷ				
	FEC ID number of contributing federal political committee.		— P	AYROL	L D	EDUCT	FION	_	30.	00			
	Name of Employer LUTHERAN MEDICAL CENTER Receipt For:	Occupation MEDICAL A		_									
	Primary General Other (specify) ▼		230.00										
C.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt						
	Mailing Address 147-07 249TH STREET	State	Zip Code		12	/	31		20)15	Y		
	City ROSEDALE	NY	11422					SA11AI. Receipt th					
	FEC ID number of contributing federal political committee.	C		F	PAYROL		FDUC	TION	_	20.	00		
	Name of Employer NY METHODIST HOSPITAL BROOKLYN Despirit For												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00										
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$\overline{)}$	NAME OF COMMITTEE (In Full)													
	1199 SERVICE EMPLOYEES I	NT'L UNI	ON FEDERAL POLITI		ACT		N F	UN	ID					
Δ	Full Name (Last, First, Middle Initial) DANIELLE G. Tennant			l r	Date of	Be	eceint							
	Mailing Address 13003 NW 22 AVE				M = M		· ·	D	/ Y	Y	Y	Y		
	City	State	Zip Code	12 31 2015 Transaction ID : SA11AI.17187										
	Miami	FL	33167	4					ceipt this					
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	federal political committee.	U					7		7		50.	.00		
	Name of Employer	Occupation		- P.	AYROL	_L C	DEDU	CTIC	ON					
	North Shore Medical Center Receipt For:	1	ED NURSE SPECIALTY											
	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		230.00											
B	Full Name (Last, First, Middle Initial) ANGELA THOMAS				Date of	Be	ceint							
	Mailing Address 1 HARRISON ST, APT 3D				M = M	/	D	D	/ Y	Y	Y	Y		
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	City NEW ROCHELLE	State NY	Zip Code 10801						A11AI.1					
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	federal political committee.	С					7	_	7	_	10.	00		
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	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		210.00											
	Full Name (Last, First, Middle Initial) GLORIA THOMAS				Date of		opint							
0.	Mailing Address 1315 EASTERN PARKWAY, #	#1A				ne		D	/ Y	Y	Y	Y		
	City	State	Zip Code	_	12	Ι.		31			15			
	BROOKLYN	NY	11233	4					A11AI.1					
	FEC ID number of contributing	C				5.				_	20.	00		
	federal political committee.	C					,	0714	7	_	20.	.00		
	Name of Employer	Occupation		P	AYROL		JEDU	CIIC	JN					
	NOSTRAND CTR NURSING & REHAB	MEDICAL												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
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	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting		ntribut	ions									
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN																			
A .	Full Name (Last, First, Middle Initial) CLARE THOMPSON Mailing Address 1075 ANNA STREET				Date of		· ·) / Y		о О15	Ŷ									
	City TEANECK	State Zip Code NJ 07666-4806									Transaction ID : SA11AI.17195 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		50.00																
	Name of Employer 1199 SEIU	SIDENT	F	PAYROL	_L C	DEDUCT	ΓΙΟΝ													
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 250.00																		
В.	Full Name (Last, First, Middle Initial) SANDRA TILLMAN				Date of	Re	· ·													
	Mailing Address 4110 Walrad Street	Zip Code	12 31 2015																	
	BALTIMORE	Transaction ID : SA11AI.17197 Amount of Each Receipt this Period																		
	FEC ID number of contributing federal political committee.			10.00																
	Name of Employer Rock Glen Nursing and Rehabilitation C	Occupation DIETARY S		P	AYROL	L D	EDUCT	TION												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00																	
C.	Full Name (Last, First, Middle Initial) PAULA TKACHMAN				Date of	Re	eceipt													
	Mailing Address 117 LACONIA AVENUE				м м 12	1	31) / Y)15	Y									
	City STATEN ISLAND	State NY	Zip Code 10305					SA11AL												
	FEC ID number of contributing federal political committee.	С					л. I.				.70									
	Name of Employer	Occupation			PAYROL	_L L	JEDUC	HON												
	STELLA ORTON HOME CARE AGENCY Receipt For: Primary General Other (specify) ▼		L CARE ASSISTANT Year-to-Date ▼ 222.70																	
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Mailing Address 1470 ST. JOHN PLACE 4D 12 31 2015 City State Zip Code Transaction ID : SA11AL17205 BROOKLYN NY 11213 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation 22.70 Name of Employer Occupation PERSONAL CARE ASSISTANT PAYROLL DEDUCTION Receipt For: Aggregate Year-to-Date ▼ 222.70 PAYROLL DEDUCTION Full Name (Last, First, Middle Initial) 222.70 222.70 12				Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND A. PAULETTE TRICE Mailing Address 7270 COURTVARD RUNE City State Zip Code BOCA RATON FL 33433 FEG ID number of contributing federal political committee. C Anount of Each Receipt this Period PALMS WEST HOSPITAL CCERTIFIED NURSING ASSISTANT PACROLL DEDUCTION PALMS WEST HOSPITAL CCERTIFIED NURSING ASSISTANT Date of Receipt Mailing Address 1470 ST. JOHN PLACE Juit 1213 Date of Receipt Mailing Address 1470 ST. JOHN PLACE Juit 1213 Date of Receipt Receipt For: Juit 1213 Date of Receipt Zit 2: 33 Receipt For: Juit 2: 31 2015 Transaction ID: SATIAL 17202 Name (Last, First, Middle Initia) Date of Receipt Zit 2: 70 PAYROLL DEDUCTION PAUS WEST HOSPITAL Optic opticity * Date of Receipt Zit 2: 70 Receipt For: Juit 2: 31 Zit 2: 70 PAYROLL DEDUCTION FEC ID number of contributing federal political committee. Det of Receipt Zit 70 PATRONE CARE AGENCY PERSONAL CARE ASSISTANT PAYROLL DEDUCTION													
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STELLA ORTON HOME CARE AGENCY PERSONAL CARE ASSISTANT Receipt For:		•	С		7 7 7								
Primary General Other (specify) ▼ 222.70 Full Name (Last, First, Middle Initial) 222.70 C. Veronica Turner-Biggs Date of Receipt Mailing Address 397 Prospect St 12 City State Zip Code Brockton MA 02301 FEC ID number of contributing federal political committee. C Name of Employer Occupation 1199 SEIU VICE PRESIDENT Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 220.00		STELLA ORTON HOME CARE AGENCY			PAYROLL DEDUCTION								
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNI	ION FEDERAL POLITI	CAL ACTION FUND								
Α.	Full Name (Last, First, Middle Initial) SHARON UDELL Mailing Address 8393 SLAYTON SETTLEMEN	Date of Receipt										
	City GASPORT	Transaction ID : SA11AI.17209 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		10.00								
	Name of Employer MT. ST. MARY'S Receipt For:	Occupation MEDICAL S		PAYROLL DEDUCTION								
	Primary General Other (specify)		210.00									
в.	Full Name (Last, First, Middle Initial) VICTOR VAN DYKE Mailing Address 2001 PIEDMONT PARK BLVI)		Date of Receipt								
	City APOPKA	State FL	Zip Code 32703	12 31 2015 Transaction ID : SA11AI.17212 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.		50.00									
	Name of Employer CONSULATE HEALTHCARE ALTAMONTE	Occupation CERTIFIED) NURSING ASSISTANT	PAYROLL DEDUCTION								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
c.	Full Name (Last, First, Middle Initial) Yanira Vargas			Date of Receipt								
	Mailing Address 1802 STORY AVENUE			12 31 Y Y Y Y 12 31								
	City Bronx	State NY	Zip Code 10473	Transaction ID : SA11AI.17214 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		35.00 PAYROLL DEDUCTION								
	Name of Employer	Occupation										
	Workmens Circle	Certified N	urses Aide	_								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 235.00									
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or for commercial purposes, other than using the	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES II	NT'L UNION FEDERAL	POLITICAL ACTION FUND
Full Name (Last, First, Middle Initial) WILTON VASSELL Mailing Address 3115 AVE, APT 3J City BROOKLYN FEC ID number of contributing federal political committee. Name of Employer NY METHODIST HOSPITAL BROOKLYN Receipt For: Primary General Other (specify) ▼	State Zip Code NY 11210 C Occupation UNKNOWN Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 12 31 2015 Transaction ID : SA11AI.17217 Amount of Each Receipt this Period 10.00 PAYROLL DEDUCTION 210.00
Full Name (Last, First, Middle Initial) ANA VAZQUEZ Mailing Address 1 Essex Street City Amsterdam FEC ID number of contributing federal political committee. Name of Employer 1199 SEIU Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12010 C Occupation VICE PRESIDENT Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 12 31 2015 Transaction ID : SA11AI.17219 Amount of Each Receipt this Period 200.00 PAYROLL DEDUCTION 400.00
Full Name (Last, First, Middle Initial) MARVIN VELASQUEZ Mailing Address 39 HELENA AVENUE City MOHEGAN LAKE FEC ID number of contributing federal political committee. Name of Employer MONTEFIORE Receipt For: Primary General Other (specify)	State Zip Code NY 10547 C Occupation HOUSEKEEPING WORKER Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 12 31 2015 Transaction ID : SA11AI.17222 Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION 220.00
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES II	NT'L UN	ION FEDERAL POLITI	CAL ACTION FUND
Full Name (Last, First, Middle Initial) MARIA VERA LOZANO Mailing Address 217 FRONT AVENUE City BRENTWOOD FEC ID number of contributing federal political committee. Name of Employer PREMIER Receipt For: Primary General Other (specify)	-	Zip Code 11717 ALTH ATTENDANT Year-to-Date ▼ 257.20	Date of Receipt 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 BROOKLYN FEC ID number of contributing federal political committee. Name of Employer NY Methodist Hospital Brooklyn Receipt For: Primary General Other (specify) ▼	State NY C Occupation Unknown Aggregate	Zip Code 11225 Year-to-Date ▼ 220.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.17227 Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) AMELIA WALKER Mailing Address 350 VANDERBILT AVE., 4-E City STATEN ISLAND FEC ID number of contributing federal political committee. Name of Employer STELLA ORTON HOME CARE AGENCY Receipt For: Primary General Other (specify)		Zip Code 10304 ALTH ATTENDANT Year-to-Date ▼ 220.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.17235 Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION
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$\left\rangle$	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNI	ON FEDERAL POLITI	CAL	AC	ГIС	DN F	UND			
A .	Full Name (Last, First, Middle Initial) Karen Walker Mailing Address 1639 Garfield				Date c		eceipt	D / 1	/ Y Y	Y	
	City Bronx	Zip Code 10460	_				: SA11A		_		
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period									
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B.	Full Name (Last, First, Middle Initial)				Date c	of Re	eceipt				
	Mailing Address 3471 SEYMOUR AVENUE #4B City	Zip Code		12		3	1	2015	Y		
	BRONX	State NY	10469	-				: SA11AI Receipt t		4	
	FEC ID number of contributing federal political committee.	С			20						
	Name of Employer RITE AID	Occupation CASHIER/0		P	AYRO	LL C	DEDUC	TION			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.88								
с.	Full Name (Last, First, Middle Initial) MICHAEL WALKER				Date c	of Re	eceipt				
	Mailing Address 284 SOUTH COLUMBUS AV				^M 12	/	3		2015	Y	
	City MOUNT VERNON	State NY	Zip Code 10553					: SA11A Receipt t		d	
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	Name of Employer	Occupation	I		AIRC		DEDUC	TION			
	MONTEFIORE NEW ROCHELLE HOSP	FILE CLER	K								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00								
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UN	ION FEDERAL POLITI	CAL ACTION FUND
Full Name (Last, First, Middle Initial) A. Adonica Wallace Mailing Address 120 Aldnch st. 16G City Bronx FEC ID number of contributing federal political committee. Name of Employer Workmens Circle Receipt For: Primary General	Date of Receipt 12 31 2015 Transaction ID : SA11AI.17239 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION		
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. CLAUDIUS WATTS Mailing Address 4228 MONTICELLO AVE City BRONX FEC ID number of contributing federal political committee. Name of Employer Andrus Retirement Community Receipt For: Primary General Other (specify) ▼	State NY C Occupation SERVICE V Aggregate		Date of Receipt 12 31 2015 Transaction ID : SA11AI.17241 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) Nadine White Mailing Address 6876 NW 1st St City Margate FEC ID number of contributing federal political committee. Name of Employer Plantation General Hospital Receipt For: Primary General Other (specify) ▼	State FL Occupation Clin Ladde Aggregate		Date of Receipt 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			

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

Use separate schedule(s) for each category of the

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNI	ION FEDERAL POLITI	CAL ACTION FUND
Full Name (Last, First, Middle Initial) A. Patrick Whyte Mailing Address 3644 Barnes Ave City Bronx FEC ID number of contributing	State NY	Zip Code 10467	Date of Receipt MIM / JID / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer Personal Touch Home Care of NY Receipt For: □ Primary □ General □ Other (specify) ▼	C Occupation Home Heal Aggregate		PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) B. LATOYA WILLIAMS Mailing Address 415 E 26TH ST., APT 2 City PATERSON FEC ID number of contributing federal political committee. Name of Employer TEANECK NURSING CENTER Receipt For: Primary General Other (specify) ▼	State NJ C Occupation LAUNDRY Aggregate	Zip Code 07514 Year-to-Date ▼ 230.00	Date of Receipt 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 WEST PALM BEACH FEC ID number of contributing federal political committee. Name of Employer ST MARY MEDICAL CENTER Receipt For: Primary General Other (specify)		Zip Code 33417 NEALTH TECH Year-to-Date ▼ 780.00	Date of Receipt 12 31 2015 Transaction ID : SA11AI.17262 Amount of Each Receipt this Period 580.00 PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional)			

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEE	S INT'L UNI	ON FEDERAL POLITI	CAL ACTION FUND
A. Full Name (Last, First, Middle Initial) A. LOIS WILLIAMS Mailing Address 1646 EAST 96TH STREE City BROOKLYN FEC ID number of contributing	State NY	Zip Code 11236	Date of Receipt
record political committee. Name of Employer Bensonhurst Center for Rehabilitation Receipt For: Primary General Other (specify) ▼		ASSISTANT Year-to-Date ▼ 285.00	PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) Marcus Williams Mailing Address 37 Bircher Avenue LOT 9 City Poughkeepsie FEC ID number of contributing federal political committee. Name of Employer Ferncliff Nursing Home Receipt For: Primary General Other (specify) ▼	State NY C Occupation Certified Nu Aggregate		Date of Receipt 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 FEC ID number of contributing federal political committee. Name of Employer Westside Regional Medical Receipt For: Primary General Other (specify) ▼	State FL C Occupation Unit Assista Aggregate		Date of Receipt 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 num	ber only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page	×	11a 13		1b 4	11c 15	12 16	17					
	y information copied from such Reports and Sta for commercial purposes, other than using the														
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	NT'L UNI	ON FEDERAL POLITIC	CAL	ACT	ION	I FU	IND							
Α.	Full Name (Last, First, Middle Initial) SHAWN WILLIAMS Mailing Address 4416 3RD ST NW			D	ate of M M	_	eipt D D D 31) / Y	2015	Y					
	City WASHINGTON	State DC	Zip Code 20011					SA11AI. Receipt th		ł					
	FEC ID number of contributing federal political committee. Name of Employer MEDSTAR GEORGETOWN MED. CTR Receipt For:	Occupation TRANSPOR Aggregate		— PA	AYROL	L DE		ΓION	2	0.00					
	Other (specify) ▼		220.00												
В.	Full Name (Last, First, Middle Initial) Sheldon Williams Mailing Address 1710 CARROLL ST APT C12	Date of Receipt													
	City Brooklyn FEC ID number of contributing federal political committee.	State NY	Zip Code 11213-5526		Transa		n ID : ach R	SA11AI. [,] Receipt th	17247 is Period	d 0.00					
	Name of Employer Services For The Underserved Receipt For: Primary General Other (specify) ▼		rker-Operation Year-to-Date ▼ 240.00	— PA	YROL			ION							
C.	Full Name (Last, First, Middle Initial) Karen WILLIAMS-BOWEN Mailing Address 150-68 116th Drive	01.11			ate of	/	31		у у 2015	Y					
	City Jamaica FEC ID number of contributing federal political committee. Name of Employer Maimonides Medical Center Receipt For:		Zip Code 11434 re Technician Year-to-Date ▼ 220.00	A		of Ea	ach R	SA11AI. Receipt th	is Period	0.00					
s	UBTOTAL of Receipts This Page (optional)			ļ	_	7		7	80	0.00					
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	NAME OF COMMITTEE (In Full)															
	1199 SERVICE EMPLOYEES	INT'L UN	ON FEDERAL POLITI	CAL			N FU	ND								
Α.	Full Name (Last, First, Middle Initial) BENICIA WILLIAMS-DELACRUZ				Date o	f Re	eceipt									
	Mailing Address 747 MCDONOUGH STREET	-			M M	/	DD	/ Y	Y	Y	Y					
	1B City	State	Zip Code		12		31			015	_					
	BROOKLYN	NY	11233				ion ID : S Each Re									
	FEC ID number of contributing				Amoun		Lacin n		13 1							
	federal political committee.	С					7		_	100	.00					
	Name of Employer	Occupation	I		PAYRO	LLL	DEDUCT	ION								
	1199 SEIU	ORGANIZE	R													
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_												
	Other (specify) ▼		300.00													
В.	Full Name (Last, First, Middle Initial) Florence Williams-Johnson	1			Date o	f Re	eceipt									
	Mailing Address 16436 109th Dr				M M		DD	/ Y	Y	Y	Y					
				12 31 2015												
	City	State NY	Zip Code				ion ID : S									
	Jamaica		11433-2914		Amoun	t of	Each Re	eceipt th	is P	eriod	_					
	FEC ID number of contributing federal political committee.	С		30.00												
	Name of Employer Healthcare Education Project	Occupation		PAYROLL DEDUCTION												
	Receipt For:		ORGANIZER	_												
	Primary General	Aggregate	Year-to-Date ▼	1.												
	Other (specify)	L	230.00	4												
<u>с</u> .	Full Name (Last, First, Middle Initial) Careen Williams-Lewis	I			Date o	f Re	eceipt									
	Mailing Address 693 E 58 street				M M	_	31	/ Y)15	Y					
	City	State	Zip Code			sact	ion ID :	SA11AI.								
	Brooklyn	NY	11234				Each Re									
	FEC ID number of contributing	С				1				20	.00					
	federal political committee.	U					,	- 7	-	20						
	Name of Employer	Occupation	1		PAYRO		DEDUCT	ION								
	New York University Hospital	PatUntAss)													
	Receipt For: Primary General	Aggregate	Year-to-Date ▼													
	Other (specify)		, 220.00													
s	UBTOTAL of Receipts This Page (optional)			 ►			7		-	150.	00					

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	NT'L UNI	ON FEDERAL POLITIO	CAL ACTION FUND
A .	Full Name (Last, First, Middle Initial) Hilda Williams-Malcolm Mailing Address 2244 MADISON ST., APT 3 City HOLLYWOOD FEC ID number of contributing federal political committee. Name of Employer Plantation General Hospital Receipt For: Primary General Other (case)(L)	State FL Occupation CLIN LADD Aggregate		Date of Receipt
	Other (specify) ▼ Full Name (Last, First, Middle Initial) AELOMA WILSON Mailing Address 156 WEST 174 STREET, APT City BRONX FEC ID number of contributing federal political committee. Name of Employer ALLIANCE HOME SERVICES INC Receipt For: Primary General Other (specify) ▼	State NY C Occupation HOME ATT	Zip Code 10453	Date of Receipt 12 31 2015 Transaction ID : SA11AI.17275 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION
_	Full Name (Last, First, Middle Initial) JIMMY WILSON Mailing Address 1309 HERKIMER STREET City BALTIMORE FEC ID number of contributing federal political committee. Name of Employer WESTGATE HILL REHAB HEALTHCARE Receipt For: Primary General Other (specify) ▼	State MD Occupation DIETARY S Aggregate		Date of Receipt 12 31 2015 Transaction ID : SA11AI.17277 Amount of Each Receipt this Period 10.00 PAYROLL DEDUCTION
s	UBTOTAL of Receipts This Page (optional)		•	90.00
т	OTAL This Period (last page this line number of	only)	••••••	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	y information copied from such Reports and St				for the	purpos	se of	soliciting	contrib		ns						
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to so	olicit cor	ntributi	ons f	rom such	comm	ittee							
$ \rangle$	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES II	NT'I UNI		CAI	ACT	ION	FU	ND									
Α.	Full Name (Last, First, Middle Initial) BARRINGTON WOODBURN				Date of	Rece	int										
<i></i>	Mailing Address 875 CAULDWELL AVENUE				M M		D D	/ Y	Y Y	Y	1						
	APT 3	0 1			12	11	31	JL	2015								
	City BRONX	State NY	Zip Code 10456					SA11AI.1		- I							
	FEC ID number of contributing	_		- '	Amount	OT Ea	ach R	eceipt thi	s Perio	a	-						
	federal political committee.	С		40.00													
	Name of Employer	Occupation		PAYROLL DEDUCTION													
	GLEN ISLAND CARE CENTER	HOUSEKE															
	Receipt For:	Aggregate	Year-to-Date ▼														
	Other (specify)		240.00														
			1 1														
	Full Name (Last, First, Middle Initial)																
В.	ROGER WOODFORK			_	Date of	Rece	ipt										
	Mailing Address 13 RIGGS RD., NE, APT. 130			M M / D D / Y Y Y Y Y 12 31 _2015 _													
	City	State	Zip Code			action		SA11AI.1									
	WASHINGTON	DC	20011	Amount of Each Receipt this Period													
	FEC ID number of contributing	С		60.00													
	federal political committee.																
	Name of Employer WASHINGTON CTR AGING SERVICES	Occupation UNKNOWN		PAYROLL DEDUCTION													
	Receipt For:		Year-to-Date ▼	_													
	Primary General	Aggregate															
	Other (specify)	L	, 260.00														
	Full Name (Last, First, Middle Initial)																
С.	DENNESSE Wray				Date of	Rece	ipt										
	Mailing Address 2576 100th Street				M M	/	D □ D 31	/ Y	2015	Y	1						
	City	State	Zip Code			actior		SA11AI.1									
	East Elmhurst	NY	11369					eceipt thi		d							
	FEC ID number of contributing	С							_	5.00	0						
	federal political committee.	U			PAYROI												
	Name of Employer	Occupation			AINO		DUCI										
	Cerebral Palsy Assoc NYS Inc Receipt For:	Direct Care															
	Primary General	Aggregate	Year-to-Date ▼														
	Other (specify)		205.00														
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNI	ION FEDERAL POLITI	CAL ACTION FUND
A. Full Name (Last, First, Middle Initial) Mailing Address 1326 Mary St City Utica	State NY	Zip Code 13501	Date of Receipt 12 31 2015 Transaction ID : SA11AI.17287
FEC ID number of contributing federal political committee. Name of Employer Masonic Care Community	Occupation Resident A		Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00	
B. Full Name (Last, First, Middle Initial) MANDA WYNN Mailing Address 22 COUNTRY CLUB RD., AP	T 55		Date of Receipt
City EATONTOWN FEC ID number of contributing federal political committee.	State NJ	Zip Code 07724	Transaction ID : SA11AI.17289 Amount of Each Receipt this Period 40.00
Name of Employer Meridian Nursing Rehab Shrew. Receipt For:	Occupation Certified Nu Aggregate		PAYROLL DEDUCTION
C. Dana YABROV Mailing Address 3805 65th st # 4 G			Date of Receipt
City Woodside FEC ID number of contributing federal political committee. Name of Employer Beth Israel Medical Center Petrie (RN) Receipt For: ☐ Primary ☐ General Other (specify) ▼		Zip Code 11377 RED NURSE Year-to-Date ▼ 216.70	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			20401.46

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

Use separate schedule(s) for each category of the

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	MIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17
				e to solicit contributions from such committee.
\ \	IAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNI	ON FEDERAL POLIT	ICAL ACTION FUND
A fr N	Full Name (Last, First, Middle Initial) TD BANK Mailing Address 1710 ROUTE 70 EAST Dity CHERRY HILL EEC ID number of contributing ederal political committee. Jame of Employer Receipt For: Primary General Other (specify)	State NJ C Occupation Aggregate	Zip Code 08034 Year-to-Date ▼ 1054.64	Date of Receipt
B fr 	Full Name (Last, First, Middle Initial) TD BANK Mailing Address 1710 ROUTE 70 EAST Dity CHERRY HILL FEC ID number of contributing ederal political committee. Jame of Employer Receipt For: Primary General	State NJ C Occupation Aggregate	Zip Code 08034 Year-to-Date ▼	Date of Receipt 08 / 31 / 2015 Transaction ID : SA17.17329 Amount of Each Receipt this Period 167.18 INTEREST INCOME
C	Other (specify) ▼ Ull Name (Last, First, Middle Initial) TD BANK Mailing Address 1710 ROUTE 70 EAST	State	7in Code	Date of Receipt
F fo N	City CHERRY HILL EC ID number of contributing ederal political committee. Jame of Employer Receipt For: Primary General Other (specify) ▼	State NJ Occupation Aggregate	Zip Code 08034 Year-to-Date ▼ 1348.98	Transaction ID : SA17.17330 Amount of Each Receipt this Period 127.16 INTEREST INCOME
	BTOTAL of Receipts This Page (optional)			448.88

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page	-	11a 13	11	H	11c	12		7	
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$\left\rangle$	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN											
Α.	Full Name (Last, First, Middle Initial) TD BANK Mailing Address 1710 ROUTE 70 EAST			_	Date of		ipt	/ Y	Y	YY		
	City	State NJ	Zip Code			action	30 ID :	SA17.17				
	CHERRY HILL FEC ID number of contributing federal political committee.	C	08034					Receipt th		od 88.13		
	Name of Employer Receipt For:	Occupation			INTERE	ST INC	COME	E				
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1437.11]								
в.	Full Name (Last, First, Middle Initial) TD BANK				Date of	f Recei	ipt					
	Mailing Address 1710 ROUTE 70 EAST				M M		30		2015			
	City CHERRY HILL	State NJ	Zip Code 08034					SA17.17		od		
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	Name of Employer	Occupation			NIEKE	STINC		-				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1566.41]								
с.	Full Name (Last, First, Middle Initial)				Date of	f Recei	ipt					
	Mailing Address 1710 ROUTE 70 EAST				12 ^M	/	D 0 31) / Y	2015			
	City CHERRY HILL	State NJ	Zip Code 08034					SA17.17 Receipt th		od		
	FEC ID number of contributing federal political committee.	С			INTERE				1	79.53		
	Name of Employer	Occupation				.51 110		L				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1745.94]								
s	UBTOTAL of Receipts This Page (optional)			•					3!	96.96		
т	OTAL This Period (last page this line number c	OTAL of Receipts This Page (optional)										

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 154 OF 182								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only									
	Detailed Summary Page	27	22 23 24 25 26 28a 28b 28c 29 30b								
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1199 SERVICE EMPLOYEES INT	L UNION FEDERAL	POLITICA	AL ACTION FUND								
			Date of Disbursement								
A. HOROWITZ & ULLMANN, P.C.											
Mailing Address 275 MADISON AVENUE SUITE 902		12 14 2015									
City NEW YORK	State Zip Code NY 10016		Transaction ID : SB21B.17326								
Purpose of Disbursement ACCOUNTING FEES											
Candidate Name		Cotogony/	Amount of Each Disbursement this Period								
		Category/ Type	2520.00								
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial)											
В.			Date of Disbursement								
Mailing Address											
City	State Zip Code										
Purpose of Disbursement			Amount of Each Disburgement this Daried								
Candidate Name		Category/	Amount of Each Disbursement this Period								
		Туре									
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) v										
State: District:											
Full Name (Last, First, Middle Initial)			Date of Disbursement								
Mailing Address											
City	State Zip Code										
Purpose of Disbursement			Amount of Each Dichuracment this Devict								
Candidate Name		Category/ Type	Amount of Each Disbursement this Period								
Senate President	ment For: Primary General Other (specify) ▼										
State: District:											
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SCHEDULE B (FEC Form 3X)			INF NUMBER PAGE 155 OF 182										
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE I (check only											
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NAME OF COMMITTEE (In Full)													
> 1199 SERVICE EMPLOYEES INT	'L UNION FEDERAL	POLITICA	AL ACTION FUND										
Full Name (Last, First, Middle Initial)													
A. SEIU COPE FUND		Date of Disbursement											
Mailing Address 1313 L STREET, NW		07 07 2015											
City WASHINGTON	State Zip Code DC 20005		Transaction ID : SB22.16259										
Purpose of Disbursement	20000												
TRANSFER			Amount of Each Disbursement this Period										
Candidate Name		Category/ Type	2000000.00										
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼												
State: District:													
Full Name (Last, First, Middle Initial)													
B. SEIU COPE FUND			Date of Disbursement										
Mailing Address 1313 L STREET, NW			09 18 2015										
City WASHINGTON	State Zip Code DC 20005		Transaction ID : SB22.16266										
Purpose of Disbursement TRANSFER	20000		Amount of Each Disbursement this Period										
Candidate Name			Amount of Each Disbursement this Period										
		Category/ Type	2000000.00										
Office Sought: House Disburse	ment For:												
Senate	Primary General												
State: District:	Other (specify)												
Full Name (Last, First, Middle Initial)													
С.			Date of Disbursement										
Mailing Address													
City	State Zip Code												
Purpose of Disbursement													
Candidate Name		Category/ Type	Amount of Each Disbursement this Period										
	ment For:												
Senate	Primary General												
State: District:	Other (specify)												
SUBTOTAL of Disbursements This Page (optional)		••••••	400000.00										
		<u> </u>	4000000.00										
TOTAL This Period (last page this line number only)	····· ►	400000.00										

S	CHEDULE B (FEC Form 3X)					NE NUMBER: PAGE 156 OF 182									
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		neck	only 21b	one)	, —	7 00			205		1.26		
		Detailed Summary Page			21b 27	22 X 28a		23 28b	24 28c		25 29		26 30b		
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	for commercial purposes, other than using the na														
$\left \right\rangle$	NAME OF COMMITTEE (In Full)														
	1199 SERVICE EMPLOYEES INT	L UNION FEDERAL	_ PO		ICP		IIC		UND						
<u> </u>	Full Name (Last, First, Middle Initial)														
А.	PEARL BRAITHWAITE					Date of Disbursement									
	Mailing Address 135 WEST 115 ST., APT 2D		09 29 2015												
	City NEW YORK	State Zip Code NY 10026				Tra	nsact	ion ID	: SB28A	.172	96				
	Purpose of Disbursement	10020	_	-											
			L.,			Amou	nt of	Each	Disburse	emen	t this	Perio	bd		
	Candidate Name		Cate	egory /pe	//						50	0.00			
	Office Sought: House Disburse	ment For:	,	1					,						
	Senate	Primary General													
	State: District:	Other (specify)													
_	Full Name (Last, First, Middle Initial)														
В.						Date	of Di	sburse	ment						
						M		D				Y			
	Mailing Address 286 FORT WASHINGTON AVE,	APT 4E				09	,	2	9	2	015	_			
	City	State Zip Code				Tra	nsact	tion ID	: SB28A	.172	98				
	NEW YORK Purpose of Disbursement	NY 10032													
	REFUND OF UNITEMIZED CONTRIBUTION			Amount of Each Disbursement this Peri									bd		
	Candidate Name		Category/ 7								7(0.00			
	Office Sought: House Disburse	ment For:	Ту	/pe			-	,							
	Senate	Primary General													
	President	Other (specify)													
	State: District:														
C.	Full Name (Last, First, Middle Initial)					Date	of Di	sburse	ment						
						М	M /	D	D /	Y Y	Y	Y			
	Mailing Address 1 GREENWOOD CT.					07		2	8	2	015				
	City	State Zip Code				T			0.000	400					
	FAR ROCKAWAY	NY 11691				Ira	isaci	ion ID	: SB28A	.162	64				
	Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION					A ma a i	nt of	Tach	Disburse		t thia	Daria	d		
	Candidate Name		Cate	non	//	Amol	nt of	Each	Disburse	men			a		
				/pe	<i>"</i>			7			230	0.00			
	Office Sought: House Disburse Senate	ment For: Primary General													
	President	Other (specify)													
	State: District:														
Γ							-				350	0.00			
L s	UBTOTAL of Disbursements This Page (optional).					-	-	7	7	÷	550				
т	OTAL This Period (last page this line number only	')						,							

SCHEDULE B (FEC Form 3X) □			FOR LINE NUMBER: PAGE 157 OF 1							OF 182		
	EMIZED DISBURSEMENTS	Use separate schedule(s		-		e NOMBER:						
		for each category of the Detailed Summary Page			21b	22 23 24 25				26		
_						X ^{28a}		28b		8c	29	30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan											
\backslash	NAME OF COMMITTEE (In Full)											
Ź	1199 SERVICE EMPLOYEES INT	'L UNION FEDERA	AL PC		ICA		10	NF)		
^	Full Name (Last, First, Middle Initial)					Data	f D:		mort			
А.	NAOMIE JULIEN					Date o				V	VV	V
	Mailing Address 179 CHAPMAN ST., 1ST FL.					10 / Y Y Y Y 16 2015						
	5	State Zip Code				Trans	sacti	on ID	: SB2	8A.17	318	
	ORANGE Purpose of Disbursement	NJ 07050										
	REFUND OF UNITEMIZED CONTRIBUTION					Amoun	t of	Each	Disbur	seme	nt this	Period
	Candidate Name		Cat	egory	//						F	0.00
				ype		<u> </u>	-	7		7	5	5.00
	Office Sought: House Disburser Senate	nent For: Primary General										
	President	Other (specify)										
	State: District:											
-	Full Name (Last, First, Middle Initial)											
В.	VIRGINIA MELGAR					Date o						
	Mailing Address 80-09 35 AVE., APT 3E					M M	/	2	D /		y y 2015	Y
										<u> </u>		
	5	State Zip Code				Trans	sacti	ion ID	: SB2	8A.17	321	
	JACKSON HEIGHTS Purpose of Disbursement	NY 11372				-						
	REFUND OF UNITEMIZED CONTRIBUTION							Amount of Each Disbursement this Period				
	Candidate Name		//	40.00								
				ype			-	7		,	1	2.00
	Office Sought: House Disburser											
	President	Primary General Other (specify)										
	State: District:	- (- <u>1</u> <i>j</i>) V										
_	Full Name (Last, First, Middle Initial)											
C.	ABU MUFAZZUL HENA KARIM					Date of	f Dis	sburse	ement			
	Mailing Address 920 EAST 6 ST., APT 9B					м м 10	/	0			ү ү 2015	Y
	Maning Address 320 EAST 0 ST., APT 98					10		0	5		2013	
	5	State Zip Code				Trans	sacti	ion ID	: SB2	8A.17	310	
	NEW YORK Purpose of Disbursement	NY 10009									-	
	REFUND OF UNITEMIZED CONTRIBUTION					Amoun	t of	Each	Dishu	seme	nt this	Period
	Candidate Name			egory ype	//				2.000	55110		D.00
	Office Sought: House Disburser	ment For:	<u> </u>	775				7		7		
	Senate	Primary General										
	President	Other (specify)										
_	State: District:											
.	UBTOTAL of Disbursements This Page (optional)										82	2.00
Ľ	UPIOTAL OF DISDUISEMENTS THIS Fage (UPIIONAI)					H	-	7		,		
т	OTAL This Period (last page this line number only))						7		,		

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 158 OF 182									
ITEMIZED DISBURSEMENTS		Use separate schedule(s	FOR LINE (check only								01 102	
		for each category of the			21b [26		
		Detailed Summary Page		$\left \right $	27	X 28a		28b	28	3c	29	30b
	ny information copied from such Reports and Staten											
or	for commercial purposes, other than using the nam	ne and address of any polit	ical co	mmitt	tee to s	solicit co	ntrib	utions	from s	such c	ommit	tee.
\mathbb{N}	NAME OF COMMITTEE (In Full)											
$ \rangle$	1199 SERVICE EMPLOYEES INT	'L UNION FEDERA	L PC	DLIT	ΓΙCΑ	L AC1	ГЮ	N F	UND			
Z	Full Name (Last, First, Middle Initial)											
Α.	ANTONIA NISCA					Date o	of Dis	burse	ment			
	Mailing Address 70 EAST 108 STREET, APT 18F			09 29 _2015								
			7.0.1									
	City S NEW YORK	State Zip Code NY 10029			Transaction ID : SB28A.17300							
	Purpose of Disbursement	10023			_							
	REFUND OF UNITEMIZED CONTRIBUTION					Amoun	t of l	Each	Disbur	semen	it this	Period
	Candidate Name		Ca	tegor	y/						~	2.00
				Гуре	-			,	_		90	0.00
	Office Sought: House Disburser											
	Senate President	Primary General Other (specify)										
	State: District:											
_	Full Name (Last, First, Middle Initial)											
В.						Date o	f Dis	burse	ment			
						M M	/	D	D /	Y	/ Y	Y
	Mailing Address 4141 BENHAM STREET					12		1	4	2	2015	
	City S ELMHURST	State Zip Code NY 11373				Trans	sacti	on ID	: SB28	BA.173	23	
	Purpose of Disbursement	11070		_								
	REFUND OF UNITEMIZED CONTRIBUTION			Amount of Each Disbursement this Period								
	Candidate Name		Ca	tegor	y/						21	0.00
			-	Гуре				7	_		21	9.00
	Office Sought: House Disburser											
	President	Primary General Other (specify)										
	State: District:											
	Full Name (Last, First, Middle Initial)											
С.	GLENY REYES-GOMEZ					Date o	of Dis	burse	ment			
						M M	/	D	D /	Y - Y	Y Y	Y
	Mailing Address 1564 UNIMPORT ROAD, APT MH					10		0	8	2	015	
	City	State Zip Code										
	BRONX	NY 10462				Trans	sacti	on ID	: SB28	BA.173	616	
	Purpose of Disbursement			-								
	REFUND OF UNITEMIZED CONTRIBUTION					Amoun	t of I	Each	Disbur	semen	it this	Period
	Candidate Name			tegor	y/						140	0.00
	Office Sought: House Disburser	ment For:		Гуре				,				
	Senate	Primary General										
	President	Other (specify)										
_	State: District:											
Γ	·											
s	UBTOTAL of Disbursements This Page (optional)							7		,	449	9.00
11	OTAL This Period (last page this line number only)					1		,	_			

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 159 OF 182)F 182		
	EMIZED DISBURSEMENTS	Use separate schedule(s			k only one)					102		
		for each category of the Detailed Summary Page			21b [22	2 23 24				25	26
_					27	X 28a		28b	28	c	29	30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam											
\backslash	NAME OF COMMITTEE (In Full)	_			-	_	_					
	1199 SERVICE EMPLOYEES INT	'L UNION FEDERA	L PO			L ACT		N F	UND			
Δ	Full Name (Last, First, Middle Initial)					Date of	f Dis	hurse	ment			
/				M M / D D / Y Y Y Y								
	Mailing Address 3410 KINGSBRIDGE AVE., APT 4				09 29				9	_20)15	
	City S BRONX	State Zip Code NY 10463				Trans	actio	on ID	: SB28	A.1730	8	
	Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION					Amount	t of I	Each	Disburs	ement	this F	Period
	Candidate Name			egory /pe	//						90	.00
	Office Sought: House Disburser			ypc				,				
	Senate President	Primary General Other (specify) ▼										
	State: District:											
_	Full Name (Last, First, Middle Initial)					_						
В.	CAROLINA URENA					Date of						
	Mailing Address 21 PARK HILL AVENUE					м м 09		2) 15	Y
	City S YONKERS	State Zip Code NY 10701				Trans	sacti	on ID	: SB28	A.1730)4	
	Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION	10/01										
	Candidate Name					Amount of Each Disbursement this Period						
				egory /pe	//						90	0.00
	Office Sought: House Disbursen	ment For:		/1				/	,			
	Senate	Primary General										
	State: District:	Other (specify)										
_	Full Name (Last, First, Middle Initial)											
C.	COLEEN WALDRON					Date of	f Dis					_
	Mailing Address 2811 TILDEN AVENUE					м м 09	/	29)15	Y
	,	State Zip Code NY 11226				Trans	sactio	on ID	: SB28	A.1730)6	
	BROOKLYN Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION	11220		-								
	Candidate Name			egory /pe	//	Amount	t of I	Each	Disburs	ement		Period .00
	Office Sought: House Disburser	ment For:						7				
	Senate	Primary General										
	State: District:	Other (specify)										
						_		_				
s	UBTOTAL of Disbursements This Page (optional)							,	,		255	.00
т	OTAL This Period (last page this line number only)							,				

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 160 OF 182						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)					
	Detailed Summary Page	21b 22 23 24 25 27 X 28a 28b 28c 29						
Any information copied from such Reports and Statem	ents may not be sold or use							
or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
$ $ \rangle 1199 SERVICE EMPLOYEES INT'	L UNION FEDERAL	POLITICA	AL ACTION FUND					
Full Name (Last, First, Middle Initial)								
A. RAKICIA WILSON			Date of Disbursement					
Mailing Address as SOASUMAN OF ART TO								
Mailing Address 20 COACHMAN CT., APT T2			10 05 _2015					
5	State Zip Code		Transaction ID : SB28A.17314					
RANDALLSTOWN Purpose of Disbursement	MD 21133							
REFUND OF UNITEMIZED CONTRIBUTION			Amount of Each Disbursement this Period					
Candidate Name		Category/						
		Туре	30.00					
Office Sought: House Disbursem	nent For: Primary General							
	Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial)								
В.			Date of Disbursement					
Mailing Address			M M / D D / Y Y Y Y					
City S	state Zip Code							
Purpose of Disbursement								
			Amount of Each Disbursement this Period					
Candidate Name		Category/ Type						
Office Sought: House Disbursem	nent For:	туре						
	Primary General							
	Other (specify)							
State: District: Full Name (Last, First, Middle Initial)								
C.			Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address								
City S	State Zip Code							
Purpose of Disbursement			Amount of Each Disbursement this Period					
Candidate Name	Candidate Name Category/							
		Туре						
Office Sought: House Disbursem	nent For: Primary General							
	Other (specify)							
State: District:	•••							
			30.00					
SUBTOTAL of Disbursements This Page (optional)		····· •						
TOTAL This Period (last page this line number only).		••••••	1166.00					

SC	HEDULE B (FEC Form 3X)			FOR LIN	E NUMBER: PAGE 161 OF 182				
	EMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check or 211 27	22 23 24 25 26 28a 28b 28c X 29 30b				
	y information copied from such Reports and Staten for commercial purposes, other than using the name								
\setminus	NAME OF COMMITTEE (In Full)								
	1199 SERVICE EMPLOYEES INT	'L UNIO	N FEDERAL	. POLITIC	CAL ACTION FUND				
-	Full Name (Last, First, Middle Initial) 1199 HOMECARE FEDERAL				Date of Disbursement				
	Mailing Address 330 WEST 42ND STREET				08 27 2015				
	NEW YORK	State NY	Zip Code 10036		Transaction ID : SB29.16265				
	Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT			· · ·]	Amount of Each Disbursement this Period				
	Candidate Name			Category/ Type	769.50				
	Office Sought: House Disburser Senate President District:	nent For: Primary Other (spe	General cify) ▼						
B.	Full Name (Last, First, Middle Initial)	CAL AC		IITTEE	Date of Disbursement				
	ailing Address 330 42ND STREET 7TH FLOOR				07 13 2015				
	NEW YORK	State NY	Zip Code 10036		Transaction ID : SB29.16260				
	Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT Candidate Name			Category/ Type	Amount of Each Disbursement this Period 258.35				
	Office Sought: House Disbursen Senate President District:	nent For: Primary Other (spe	General cify) ▼						
	Full Name (Last, First, Middle Initial) 1199 MASSACHUSETTS POLITIC			ITTEE	Date of Disbursement				
	Mailing Address 330 42ND STREET 7TH FLOOR				10 05 2015				
	NEW YORK	State NY	Zip Code 10036		Transaction ID : SB29.17312				
	Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT Candidate Name			Category/ Type	Amount of Each Disbursement this Period 60.00				
	Office Sought: House Disburser Senate President District:	nent For: Primary Other (spe	General cify) ▼						
s	JBTOTAL of Disbursements This Page (optional)				1087.85				
т	OTAL This Period (last page this line number only)								

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 162 OF 182				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	22 23 24 25 26 28a 28b 28c X 29 30b				
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan							
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT	L UNION FEDERAL	POLITICA	AL ACTION FUND				
Full Name (Last, First, Middle Initial) A. 1199 SEIU DUES ACCOUNT			Date of Disbursement				
Mailing Address 330 WEST 42ND STREET, 7TH F							
NEW YORK	StateZip CodeNY10036		Transaction ID : SB29.17295				
Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT			Amount of Each Disbursement this Period				
Candidate Name		Category/ Type	2895.07				
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) v						
State: District:							
Full Name (Last, First, Middle Initial) B. 1199 SEIU DUES ACCOUNT			Date of Disbursement				
Mailing Address 330 WEST 42ND STREET, 7TH F	LOOR		07 16 2015				
NEW YORK	State Zip Code NY 10036		Transaction ID : SB29.16261				
Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT			Amount of Each Disbursement this Period				
Candidate Name		Category/ Type	330.00				
Office Sought: House Disburser Senate President District:	nent For: Primary General Other (specify) ▼						
Full Name (Last, First, Middle Initial) C. 1199 SEIU DUES ACCOUNT			Date of Disbursement				
Mailing Address 330 WEST 42ND STREET, 7TH F	LOOR		09 / D D / Y Y Y Y 29 2015				
NEW YORK	State Zip Code NY 10036		Transaction ID : SB29.17303				
Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT Candidate Name		Category/ Type	Amount of Each Disbursement this Period 316.01				
Office Sought: House Disburser Senate President District:	nent For: Primary General Other (specify) v	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
SUBTOTAL of Disbursements This Page (optional)			3541.08				

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 163 OF 182					
IT	EMIZED DISBURSEMENTS	Use separate for each cate Detailed Sun		(check only 21b	y one) 22 23 24 25 26 28a 28b 28c \times 29 30b					
	ny information copied from such Reports and Stater for commercial purposes, other than using the nan			d by any perso	on for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT	L UNION I	FEDERAL	. POLITIC	AL ACTION FUND					
Α.	Full Name (Last, First, Middle Initial) 1199 SEIU DUES ACCOUNT Mailing Address 330 WEST 42ND STREET, 7TH FI	OOP			Date of Disbursement					
		State Zi	p Code 0036		10 05 2015 Transaction ID : SB29.17313					
	Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT		0036	· · · · ·	Amount of Each Disbursement this Period					
	Candidate Name			Category/ Type	316.01					
	Office Sought: House Disburser Senate President District:	nent For: Primary Other (specify)	General ▼							
B.	Full Name (Last, First, Middle Initial) 1199 SEIU DUES ACCOUNT Mailing Address 330 WEST 42ND STREET, 7TH F	LOOR			Date of Disbursement					
	NEW YORK		p Code 0036		Transaction ID : SB29.17320					
	Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT Candidate Name			Category/ Type	Amount of Each Disbursement this Period					
	Office Sought: House Disburser Senate President District:	nent For: Primary Other (specify)	General ▼							
с.	Full Name (Last, First, Middle Initial) 1199 SEIU DUES ACCOUNT				Date of Disbursement					
	Mailing Address 330 WEST 42ND STREET, 7TH F				12 14 2015					
	NEW YORK Purpose of Disbursement		p Code 0036		Transaction ID : SB29.17325					
	REFUND OF DEPOSIT INTO WRONG ACCOUNT Candidate Name			Category/ Type	Amount of Each Disbursement this Period 1553.85					
	Office Sought: House Disburser Senate President State: District:	nent For: Primary Other (specify)	General ▼							
⊢	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only)				2226.86					

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER PAGE 164 OF 182
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	$\begin{array}{c c} \text{one} \\ \hline \\ 22 \\ 28a \\ 28b \\ 28c \\ \hline \\ 28c \\ \hline \\ 29 \\ \hline \\ 29 \\ 30b \\ \hline \end{array}$
Any information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
1199 SERVICE EMPLOYEES INT	'L UNION FEDERAL	POLITICA	AL ACTION FUND
Full Name (Last, First, Middle Initial) A. 1199 SEIU DUES ACCOUNT			Date of Disbursement
Mailing Address 330 WEST 42ND STREET, 7TH F			12 14 2015
City NEW YORK Purpose of Disbursement	State Zip Code NY 10036		Transaction ID : SB29.17327
REFUND OF DEPOSIT INTO WRONG ACCOUNT			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	893.83
Senate President	ment For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial) B.			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y = Y
	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional).		••••••	7 7 893.83
TOTAL This Period (last page this line number only)	••••••	7749.62

SCHEDULE D (FEC Form 3X)				PAGE 165 OF 182
			(Use separate	
DEBTS AND OBLIGATIONS			schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans			numbered line)	(check only one) X 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FE	DERAL POLI	TICAL ACTIO	
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D STAFF SA	ebt (Purpose): LARIES
1199 SEIU				
Mailing Address 330 WEST 42ND STREET				
City State	Zip Code			
NEW YORK	NY	10036		
Outstanding Balance Beginning This Period			Transacti	on ID : SD10.12155
32560.00				
Amount Incurred This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period
0.00		0	0.00	32560.00
				7
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D STAFF SA	ebt (Purpose):
1199 SEIU			STAFF SAI	_ARIES
Mailing Address 330 WEST 42ND STREET				
City State	Zip Code			
NEW YORK	NY	10036		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.12156
9465.92				
			_	
Amount Incurred This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	9465.92
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Naturo of D	ebt (Purpose):
1199 SEIU UNITED HEALTHC		KERS EAST		SE STAFF SALARIES AND
Mailing Address 330 WEST 42ND STREET				
City	State	Zip Code		
NEW YORK	NY	10036		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.6240
8091.98				
Amount Incurred This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period
0.00			0.00	8091.98
0.00				7
1) SUBTOTALS This Period This Page (optional)				50117.90
2) TOTALS This Period (last page this line number	omy)			7 1 7 1 7 1 1
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page onl	у)	···· }	<u></u>
4) ADD 2) and 3) and carry forward to appropriate	line of Summar	y Page (last page of	nly) 🕨	

CHEDULE D (FEC Form 3X) EBTS AND OBLIGATIONS xcluding Loans			(Use separate schedule(s) for each numbered line)	PAGE 166 OF 182 FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L		DERAL POLI	TICAL ACTIO	N FUND
A. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC		ERS EAST		ebt (Purpose): SE STAFF SALARIES AND
Mailing Address 330 WEST 42ND STREET				
City State NEW YORK	Zip Code NY	10036		
Outstanding Balance Beginning This Period 65588.32			Transacti	on ID : SD10.6241
Amount Incurred This Period	Payme	ent This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	65588.32
B. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCA		ERS EAST		ebt (Purpose): E STAFF SALARIES AND
Mailing Address 330 WEST 42ND STREET				
City State NEW YORK	Zip Code NY	10036		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.6242
14545.49				
Amount Incurred This Period	Payme	ent This Period		ng Balance at Close of This Period 14545 49
	Payme		Outstandir	ng Balance at Close of This Period 14545.49
Amount Incurred This Period	or or Creditor	0	.00 Nature of D	14545.49 ebt (Purpose): SE STAFF SALARIES AND
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	0	.00 Nature of D REIMBURS	14545.49 ebt (Purpose): SE STAFF SALARIES AND
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC	or or Creditor	0	.00 Nature of D REIMBURS	14545.49 ebt (Purpose): SE STAFF SALARIES AND
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC Mailing Address 330 WEST 42ND STREET City	or or Creditor ARE WORK	O ERS EAST Zip Code	.00 Nature of D REIMBURS BENEFITS	14545.49 ebt (Purpose): SE STAFF SALARIES AND
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC Mailing Address 330 WEST 42ND STREET City NEW YORK	or or Creditor ARE WORK	O ERS EAST Zip Code	.00 Nature of D REIMBURS BENEFITS	14545.49 ebt (Purpose): SE STAFF SALARIES AND
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC Mailing Address 330 WEST 42ND STREET City NEW YORK Outstanding Balance Beginning This Period	or or Creditor ARE WORK State NY	O ERS EAST Zip Code	.00 Nature of D REIMBURS BENEFITS	14545.49 ebt (Purpose): SE STAFF SALARIES AND
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC Mailing Address 330 WEST 42ND STREET City NEW YORK Outstanding Balance Beginning This Period 3157.42	or or Creditor ARE WORK State NY	0 ERS EAST Zip Code 10036	.00 Nature of D REIMBURS BENEFITS	14545.49 ebt (Purpose): SE STAFF SALARIES AND ion ID : SD10.6243
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC Mailing Address 330 WEST 42ND STREET City NEW YORK Outstanding Balance Beginning This Period 3157.42 Amount Incurred This Period	or or Creditor ARE WORK State NY Payme	0 ERS EAST Zip Code 10036	.00 Nature of D REIMBURS BENEFITS Transact Outstandir 0.00	14545.49 ebt (Purpose): SE STAFF SALARIES AND ion ID : SD10.6243 ng Balance at Close of This Period
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC Mailing Address 330 WEST 42ND STREET City NEW YORK Outstanding Balance Beginning This Period 3157.42 Amount Incurred This Period 0.00	State NY Payme	0 ERS EAST Zip Code 10036	.00 Nature of D REIMBURS BENEFITS Transact Outstandir 0.00	14545.49 ebt (Purpose): SE STAFF SALARIES AND ion ID : SD10.6243 ng Balance at Close of This Period 3157.42
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC Mailing Address 330 WEST 42ND STREET City NEW YORK Outstanding Balance Beginning This Period 3157.42 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	State NY Payme	0 ERS EAST Zip Code 10036	.00 Nature of D REIMBURS BENEFITS Transact Outstandir	14545.49 ebt (Purpose): SE STAFF SALARIES AND ion ID : SD10.6243 ng Balance at Close of This Period 3157.42

SCHEDULE D (FEC Form 3X)				PAGE 167 OF 182
			(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS			for each	(check only one) 9
Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FE	DERAL POLI	TICAL ACTIO	N FUND
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			Pebt (Purpose):
1199 SEIU UNITED HEALTHC	ARE WORI	KERS EAST	BENEFITS	SE STAFF SALARIES AND
Mailing Address 330 WEST 42ND STREET				
City State NEW YORK	Zip Code NY	40000		
Outstanding Balance Beginning This Period		10036	Transact	ion ID : SD10.6244
56833.56				
	_			
Amount Incurred This Period	Payn	nent This Period	Outstandi	ng Balance at Close of This Period
0.00		0	.00	56833.56
B. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCA		ERS EAST		Debt (Purpose): SE STAFF SALARIES AND
Mailing Address 330 WEST 42ND STREET				
City State	Zip Code			
NEW YORK	NY	10036		
Outstanding Balance Beginning This Period			Transac	tion ID : SD10.6245
82522.06				
Amount Incurred This Period	Paym	nent This Period	Outstandi	ng Balance at Close of This Period
0.00		0.	.00	82522.06
C. Full Name (Last, First, Middle Initial) of Debto				ebt (Purpose): SE STAFF SALARIES AND
1199 SEIU UNITED HEALTHC		KERS EAST	BENEFITS	
Mailing Address 330 WEST 42ND STREET				
City	State	Zip Code		
NEW YORK	NY	10036		
Outstanding Balance Beginning This Period			Transac	tion ID : SD10.6246
78033.76				
Amount Incurred This Period	Payn	nent This Period	Outstandi	ng Balance at Close of This Period
0.00		0	.00	78033.76
1) SUBTOTALS This Period This Page (optional)			►	217389.38
2) TOTALS This Period (last page this line number	only)			7. 1. 1. 7. 1. 1. 1.
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page onl	y)		7
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	/ Page (last page or	nly) 🕨	7

SCHEDULE D (FEC Form 3X)				PAGE 168 OF 182
			(Use separat schedule(s)	te
DEBTS AND OBLIGATIONS			for each	(check only one) 9
Excluding Loans			numbered lin	e) X 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FE	DERAL POLI	TICAL ACT	ION FUND
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			of Debt (Purpose):
1199 SEIU UNITED HEALTHC	ARE WOR	KERS EAST	BENE	BURSE STAFF SALARIES AND FITS
Mailing Address 330 WEST 42ND STREET				
	7. 0. 1			
City State NEW YORK	Zip Code NY	10036		
Outstanding Balance Beginning This Period			Trans	saction ID : SD10.6247
2812.96				
Amount Incurred This Period	Payr	nent This Period	Outst	anding Balance at Close of This Period
0.00		(0.00	2812.96
B. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCA		ERS EAST		of Debt (Purpose): BURSE STAFF SALARIES AND FITS
Mailing Address 330 WEST 42ND STREET				
City State	Zip Code			
NEW YORK	NY	10036		
Outstanding Balance Beginning This Period			Tran	saction ID : SD10.6248
5095.64				
Amount Incurred This Period	Pavr	nent This Period	Outet	anding Balance at Close of This Period
	l ayı			
0.00			0.00	5095.64
C. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC		KERS EAST		of Debt (Purpose): BURSE STAFF SALARIES AND
Mailing Address 330 WEST 42ND STREET				
City NEW YORK	State NY	Zip Code 10036		
Outstanding Balance Beginning This Period			Tran	saction ID : SD10.6249
12962.04				
Amount Incurred This Period	Payr	nent This Period	Outst	anding Balance at Close of This Period
0.00		(0.00	12962.04
			_	20070.04
1) SUBTOTALS This Period This Page (optional)			🕨 📃 💷	20870.64
				20870.64
2) TOTALS This Period (last page this line number	only)			20870.64
	only) C (last page onl	у)		

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 X 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL POL	ITICAL ACTIO	N FUND
A. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC			ebt (Purpose): SE STAFF SALARIES AND
Mailing Address 330 WEST 42ND STREET			
City State NEW YORK	Zip Code NY 10036		
Outstanding Balance Beginning This Period 10997.70		Transacti	on ID : SD10.6284
Amount Incurred This Period	Payment This Period	Outstandii 0.00	ng Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCA			ebt (Purpose): SE STAFF SALARIES AND
Mailing Address 330 WEST 42ND STREET			
City State NEW YORK	Zip Code NY 10036		
Outstanding Balance Beginning This Period 7231.75		Transact	ion ID : SD10.6285
Amount Incurred This Period	Payment This Period	Outstandin	ng Balance at Close of This Period 7231.75
			7
C. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC			ebt (Purpose): SE STAFF SALARIES AND
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State Zip Code NY 10036		
Outstanding Balance Beginning This Period 3434.67		Transact	ion ID : SD10.6286
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	3434.67
1) SUBTOTALS This Period This Page (optional)		····· •	21664.12
2) TOTALS This Period (last page this line number	only)	····· •	y y y y y y y y y y y y y y y y y y y
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	····· • •	

CHEDULE D (FEC Form 3X)				PAGE 170 OF 192
			(Use separate	PAGE 170 OF 182
EBTS AND OBLIGATIONS			schedule(s) for each	FOR LINE NUMBER: (check only one) 9
xcluding Loans			numbered line)	\mathbf{X} 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FED		LICAL ACTION	1 1
A. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC		ERS EAST		ebt (Purpose): E STAFF SALARIES AND
Mailing Address 330 WEST 42ND STREET				
City State NEW YORK	Zip Code NY	10036		
Outstanding Balance Beginning This Period			Transactio	on ID : SD10.6287
16789.92				
Amount Incurred This Period	Payme	nt This Period	Outstandir	g Balance at Close of This Period
0.00		0	.00	16789.92
	7			, , , , , , , , , , , , , , , , , , , ,
B. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCA		RS EAST		ebt (Purpose): E STAFF SALARIES AND
Mailing Address 330 WEST 42ND STREET				
City State	Zip Code			
NEW YORK	NY	10036		
Outstanding Balance Beginning This Period 9286.03			Transact	ion ID : SD10.6288
9286.03	Pavme	nt This Period		
	Payme	nt This Period 0.		ion ID : SD10.6288 ng Balance at Close of This Period 9286.03
9286.03 Amount Incurred This Period	pr or Creditor	0.	Outstandir 00 Nature of D	ng Balance at Close of This Period
9286.03 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	pr or Creditor	0.	Outstandir 00 Nature of D REIMBURS	ng Balance at Close of This Period 9286.03 ebt (Purpose):
9286.03 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC Mailing Address 330 WEST 42ND STREET	or or Creditor	o. ERS EAST	Outstandir 00 Nature of D REIMBURS	ng Balance at Close of This Period 9286.03 ebt (Purpose):
9286.03 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC	or or Creditor	0.	Outstandir 00 Nature of D REIMBURS	ng Balance at Close of This Period 9286.03 ebt (Purpose):
9286.03 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC Mailing Address 330 WEST 42ND STREET City	or or Creditor ARE WORK	0. ERS EAST Zip Code	Outstandir 00 Nature of D REIMBURS BENEFITS	ng Balance at Close of This Period 9286.03 ebt (Purpose):
9286.03 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC Mailing Address 330 WEST 42ND STREET City NEW YORK	or or Creditor ARE WORK	0. ERS EAST Zip Code	Outstandir 00 Nature of D REIMBURS BENEFITS	ig Balance at Close of This Period 9286.03 ebt (Purpose): SE STAFF SALARIES AND
9286.03 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC Mailing Address 330 WEST 42ND STREET City NEW YORK Outstanding Balance Beginning This Period	or or Creditor ARE WORK State NY	0. ERS EAST Zip Code	Outstandir 00 Nature of D REIMBURS BENEFITS Transact	ig Balance at Close of This Period 9286.03 ebt (Purpose): SE STAFF SALARIES AND
9286.03 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC Mailing Address 330 WEST 42ND STREET City NEW YORK Outstanding Balance Beginning This Period 13004.52	or or Creditor ARE WORK State NY	0. ERS EAST Zip Code 10036	Outstandir 00 Nature of D REIMBURS BENEFITS Transact	ag Balance at Close of This Period 9286.03 ebt (Purpose): SE STAFF SALARIES AND ion ID : SD10.11208
9286.03 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC Mailing Address 330 WEST 42ND STREET City NEW YORK Outstanding Balance Beginning This Period 13004.52 Amount Incurred This Period	or or Creditor ARE WORK State NY Payme	0. ERS EAST Zip Code 10036 nt This Period	Outstandir 00 Nature of D REIMBURS BENEFITS Transact Outstandir	ig Balance at Close of This Period 9286.03 ebt (Purpose): SE STAFF SALARIES AND ion ID : SD10.11208
9286.03 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC Mailing Address 330 WEST 42ND STREET City NEW YORK Outstanding Balance Beginning This Period 13004.52 Amount Incurred This Period 0.00	or or Creditor ARE WORK State NY Payme	0. ERS EAST Zip Code 10036 nt This Period 0	Outstandir .00 Nature of D REIMBURS BENEFITS Transact Outstandir .00	ig Balance at Close of This Period 9286.03 ebt (Purpose): SE STAFF SALARIES AND ion ID : SD10.11208 ig Balance at Close of This Period 13004.52
9286.03 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte 1199 SEIU UNITED HEALTHC Mailing Address 330 WEST 42ND STREET City NEW YORK Outstanding Balance Beginning This Period 13004.52 Amount Incurred This Period 0.00	or or Creditor ARE WORK State NY Payme	0. ERS EAST Zip Code 10036 nt This Period 0	Outstandir 00 Nature of D REIMBURS BENEFITS Transact Outstandir	ig Balance at Close of This Period 9286.03 ebt (Purpose): SE STAFF SALARIES AND ion ID : SD10.11208 ig Balance at Close of This Period 13004.52

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 X 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL POLI	TICAL ACTIO	N FUND
A. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC			ebt (Purpose): SE STAFF SALARIES AND
Mailing Address 330 WEST 42ND STREET			
City State NEW YORK	Zip Code NY 10036		
Outstanding Balance Beginning This Period 20006.45		Transacti	on ID : SD10.11209
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period 20006.45
			7 7 7
B. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCA			ebt (Purpose): SE STAFF SALARIES AND
Mailing Address 330 WEST 42ND STREET			
City State NEW YORK	Zip Code NY 10036		
Outstanding Balance Beginning This Period 18904.21		Transact	tion ID : SD10.11206
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	(0.00	18904.21
C. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC			ebt (Purpose): SE STAFF SALARIES AND
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State Zip Code NY 10036		
Outstanding Balance Beginning This Period		Transact	tion ID : SD10.11207
188588.83	Pourport This Poriod	Qutatandii	ng Balance at Close of This Period
Amount Incurred This Period	Payment This Period	0.00	188588.83
1) SUBTOTALS This Period This Page (optional)		•	227499.49
2) TOTALS This Period (last page this line number	only)	···· ►	7 7 7 7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	▶	7 7 7
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page c	nly) 🕨	

SCHEDULE D (FEC Form 3X)			(1)	PAGE 172 OF 182
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each	(check only one) 9
			numbered line)	X 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FE	DERAL POLI	TICAL ACTIO	N FUND
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ebt (Purpose):
AMERICAN EXPRESS			CATERING	5
Mailing Address P.O. BOX 2855				
City State	Zip Code			
NEW YORK	NY	10116-2855		
Outstanding Balance Beginning This Period			Transacti	on ID : SD10.6289
240.00				
Amount Incurred This Period	Payn	nent This Period	Outstandi	ng Balance at Close of This Period
0.00	,	0	.00	240.00
B. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		Nature of D	ebt (Purpose):
AVIS RENT A CAR SYSTEM, II			TRAVEL E	XPENSES
Mailing Address 7876 COLLECTIONS CTR DRIV	/E			
City State	Zip Code			
CHICAGO	IL	60693		
Outstanding Balance Beginning This Period			Transact	tion ID : SD10.6540
1156.12				
Amount Incurred This Period	Pavn	nent This Period	Outstandi	ng Balance at Close of This Period
				1156.12
0.00			.00	1130.12
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D	ebt (Purpose):
JENNY BAUER				SEMENT FOR CATERING
Mailing Address 2 WILCOTT PARK				
City	State	Zip Code		
MEDFORD	MA	02155		
Outstanding Balance Beginning This Period			Transact	tion ID : SD10.6541
43.65				
Amount Incurred This Period	Paym	nent This Period	Outstandi	ng Balance at Close of This Period
0.00		C	.00	43.65
1) SUBTOTALS This Period This Page (optional)				1439.77
2) TOTALS This Period (last page this line number				
3) TOTAL OUTSTANDING LOANS from Schedule			_	
4) ADD 2) and 3) and carry forward to appropriate				· · · · · · · · ·

SCHEDULE D (FEC Form 3X)			(Use separate	PAGE 173 OF 182	
DEBTS AND OBLIGATIONS			schedule(s)	FOR LINE NUMBER:	
Excluding Loans			for each numbered line)	(check only one) 9	
-				X 10	
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FE	DERAL POLI	TICAL ACTIOI	N FUND	
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor			ebt (Purpose):	
LILLIAN CARINO			REIMBURS EXPENSE	SEMENT FOR TRAVEL S	
Mailing Address 327 SAINT NICHOLAS AVENU APT. 2N	E				
City State	Zip Code				
NEW YORK	NY	10027-3609			
Outstanding Balance Beginning This Period			Transacti	on ID : SD10.6508	
45.00					
Amount Incurred This Period	Pavm	ent This Period	Outstandir	ng Balance at Close of This Period	
	. ayın				
0.00		(0.00	45.00	
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):	
ENTERPRISE RENT-A-CAR			RENTAL V	EHICLE	
Mailing Address P.O. BOX 840173					
City State	Zip Code				
KANSAS CITY	MO	64184-0173			
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.12157	
6277.88					
Amount Incurred This Period	Paym	ent This Period	Outstandi	ng Balance at Close of This Period	
	T ayın		Outstandin		
0.00		C	.00	6277.88	
C. Full Name (Last, First, Middle Initial) of Debt ENTERPRISE RENT-A-CAR	or or Creditor		Nature of D RENTAL V	ebt (Purpose): 'EHICLE	
Mailing Address P.O. BOX 840173					
P.O. BOX 640173					
City	State	Zip Code			
KANSAS CITY	MO	64184-0173			
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.12248	
3138.94					
Amount Incurred This Period	Paym	ent This Period	Outstandir	ng Balance at Close of This Period	
0.00		, , ,	0.00	3138.94	
1) SUBTOTALS This Period This Page (optional)			►	9461.82	
2) TOTALS This Period (last page this line numbe	r only)				
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only	/)			
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary	Page (last page o	nly) 🕨		

SCHEDULE D (FEC Form 3X)			(1)	PAGE 174 OF 182
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FEE	DERAL POLI	TICAL ACTIO	
A. Full Name (Last, First, Middle Initial) of Debto ENTERPRISE RENT-A-CAR	r or Creditor		Nature of D RENTAL V	ebt (Purpose): EHICLE
Mailing Address P.O. BOX 840173				
City State KANSAS CITY	Zip Code MO	64184-0173		
Outstanding Balance Beginning This Period			Transacti	on ID : SD10.12250
3587.36				
Amount Incurred This Period	Payme	ent This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	3587.36
B. Full Name (Last, First, Middle Initial) of Debtor MACK CROUNSE GROUP	or Creditor		Nature of D MAILINGS	ebt (Purpose):
Mailing Address 2001 N. BEAUREGARD ST., ST	E 420			
City State	Zip Code			
ALEXANDRIA	VA	22311		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.8322
1606.34				
Amount Incurred This Period	Payme	ent This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	1606.34
C. Full Name (Last, First, Middle Initial) of Debto MACK CROUNSE GROUP	r or Creditor		Nature of D MAILINGS	ebt (Purpose):
Mailing Address 2001 N. BEAUREGARD ST., ST	E 420			
City ALEXANDRIA	State VA	Zip Code 22311		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.8323
1606.34				
Amount Incurred This Period	Payme	ent This Period	Outstandir	ng Balance at Close of This Period
0.00		C	0.00	1606.34
1) SUBTOTALS This Period This Page (optional)			▶	6800.04
2) TOTALS This Period (last page this line number	only)		···· ►	7
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 or	nly) 🕨	

CHEDIII E D (EEC Form 2V)					
SCHEDULE D (FEC Form 3X)			(Use separate	PAGE 175 OF 182	
DEBTS AND OBLIGATIONS			schedule(s) for each	FOR LINE NUMBER: (check only one) 9	
xcluding Loans			numbered line)	(check only one) 9 X 10	
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FE	DERAL POLI	TICAL ACTIO	N FUND	
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor			ebt (Purpose):	
NOVAK MEDIA INC.			RADIO BU	Y & PRODUCTION	
Mailing Address 159 WEST MAIN STREET					
City State	Zip Code				
WEBSTER	' NY	14580			
Outstanding Balance Beginning This Period			Transacti	on ID : SD10.7361	
18850.00					
Amount Incurred This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period	
0.00		0	.00	18850.00	
				-/J	
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ebt (Purpose): SEMENT CATERING EXPENSE	
ANTONELLA PECHTEL			REIMBURS	SEMENT CATERING EXPENSE	
Mailing Address 401 ROSE AVE					
City State	Zip Code				
SCHENECTADY	NY	12308			
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.6531	
201.39					
Amount Incurred This Period	Pavn	nent This Period	Outstandi	ng Balance at Close of This Period	
0.00			.00	201.39	
				7 7	
C. Full Name (Last, First, Middle Initial) of Debt				ebt (Purpose):	
SEIU COMMUNICATIONS CE	NTER LLC.		ROBO CAI	LLS	
Mailing Address 330 WEST 42ND STREET					
	01-1-	7:0.004			
City NEW YORK	State NY	Zip Code 10036			
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.7362	
4372.06					
Amount Incurred This Period	Pavn	nent This Period	Outstandir	ng Balance at Close of This Period	
0.00			0.00	4372.06	
	7			7 7 7	
				0040045	
) SUBTOTALS This Period This Page (optional)			···· ▶	23423.45	
) TOTALS This Period (last page this line numbe	er only)		►		
	0 //				
) TOTAL OUTSTANDING LOANS from Schedule	C (last page onl	у)	···· ►	<u> </u>	
) ADD 2) and 3) and carry forward to appropriate	e line of Summary	y Page (last page o	nly) 🕨	7	

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 X 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL POL	ITICAL ACTIO	
A. Full Name (Last, First, Middle Initial) of Debto SEIU COMMUNICATIONS CEI			ebt (Purpose): ANK CALLS
Mailing Address 330 WEST 42ND STREET			
City State NEW YORK	Zip Code NY 10036		
Outstanding Balance Beginning This Period 22157.25		Transacti	on ID : SD10.8325
Amount Incurred This Period 0.00	Payment This Period	Outstandi	ng Balance at Close of This Period 22157.25
B. Full Name (Last, First, Middle Initial) of Debtor STANDARD MODERN COMPA		Nature of D DOORHAN	ebt (Purpose): IGERS
Mailing Address 47 PLEASANT STREET			
City State BROCKTON	Zip Code MA 02301		
Outstanding Balance Beginning This Period 598.89		Transact	ion ID : SD10.12252
Amount Incurred This Period	Payment This Period	Outstandi 0.00	ng Balance at Close of This Period 598.89
C. Full Name (Last, First, Middle Initial) of Debto SVM, LP	r or Creditor	Nature of D GAS CARI	ebt (Purpose): DS
Mailing Address 185 N. FRANKLIN ST REET			
City CHICAGO	State Zip Code IL 60606		
Outstanding Balance Beginning This Period 726.26		Transact	ion ID : SD10.12158
Amount Incurred This Period 0.00	Payment This Period	Outstandi	ng 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)	···· •	7
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) 🕨	

CHEDULE D (FEC Form 3X)				PAGE 177 OF 182
EBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
xcluding Loans			for each	(check only one) 9
			numbered line)	X 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	. UNION FEI	DERAL POLI	TICAL ACTIOI	N FUND
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ebt (Purpose):
SVM, LP			GAS CARE	5
Mailing Address 185 N. FRANKLIN ST REET				
City State	Zip Code			
CHICAGO	IL	60606		
Outstanding Balance Beginning This Period			Transacti	on ID : SD10.12253
800.07				
Amount Incurred This Period	Paym	ent This Period	Outstandi	ng Balance at Close of This Period
	Fayin			
0.00		C	0.00	800.07
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			ebt (Purpose):
SVM, LP			GAS CARE	15
Mailing Address 185 N. FRANKLIN ST REET				
City State	Zip Code			
CHICAGO	IL	60606		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.12254
s s s				
800.07				
800.07	Paym	ant This Pariod	Qutstandi	ng Balance at Close of This Period
800.07 Amount Incurred This Period	Paym	ent This Period		ng Balance at Close of This Period
800.07	Paym		Outstandii	ng Balance at Close of This Period 800.07
800.07 Amount Incurred This Period 0.00			.00	800.07
800.07 Amount Incurred This Period			.00	800.07 ebt (Purpose):
800.07 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte			.00 Nature of D	800.07 ebt (Purpose):
800.07 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte SVM, LP Mailing Address 185 N. FRANKLIN ST REET	or or Creditor	0	.00 Nature of D	800.07 ebt (Purpose):
800.07 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte SVM, LP			.00 Nature of D	800.07 ebt (Purpose):
800.07 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte SVM, LP Mailing Address 185 N. FRANKLIN ST REET City	or or Creditor State	Zip Code	.00 Nature of D GAS CARI	800.07 ebt (Purpose):
800.07 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte SVM, LP Mailing Address 185 N. FRANKLIN ST REET City CHICAGO	or or Creditor State	Zip Code	.00 Nature of D GAS CARI	800.07 ebt (Purpose): DS
800.07 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte SVM, LP Mailing Address 185 N. FRANKLIN ST REET City CHICAGO Outstanding Balance Beginning This Period	or or Creditor State IL	Zip Code	.00 Nature of D GAS CARI	800.07 ebt (Purpose): DS
800.07 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debta SVM, LP Mailing Address 185 N. FRANKLIN ST REET City CHICAGO Outstanding Balance Beginning This Period 800.07	or or Creditor State IL	Zip Code 60606 ent This Period	.00 Nature of D GAS CARI	800.07 ebt (Purpose): DS ion ID : SD10.12255
800.07 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debter SVM, LP Mailing Address 185 N. FRANKLIN ST REET City CHICAGO Outstanding Balance Beginning This Period 800.07 Amount Incurred This Period 0.00	or or Creditor State IL Payme	Zip Code 60606 ent This Period	.00 Nature of D GAS CARI Transact Outstandin 0.00	800.07 ebt (Purpose): DS ion ID : SD10.12255 ng Balance at Close of This Period 800.07
800.07 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debta SVM, LP Mailing Address 185 N. FRANKLIN ST REET City CHICAGO Outstanding Balance Beginning This Period 800.07 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	or or Creditor State IL Payme	Zip Code 60606 ent This Period	.00 Nature of D GAS CARI Transact Outstandir	800.07 ebt (Purpose): DS ion ID : SD10.12255 ng Balance at Close of This Period
800.07 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte SVM, LP Mailing Address 185 N. FRANKLIN ST REET City CHICAGO Outstanding Balance Beginning This Period 800.07 Amount Incurred This Period 0.00	or or Creditor State IL Payme	Zip Code 60606 ent This Period	.00 Nature of D GAS CARI Transact Outstandir	800.07 ebt (Purpose): DS ion ID : SD10.12255 ng Balance at Close of This Period 800.07
800.07 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debta SVM, LP Mailing Address 185 N. FRANKLIN ST REET City CHICAGO Outstanding Balance Beginning This Period 800.07 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	or or Creditor State IL Payme r only)	Zip Code 60606	.00 Nature of D GAS CARI Outstandin 0.00	800.07 ebt (Purpose): DS ion ID : SD10.12255 ng Balance at Close of This Period 800.07

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SCHEDULE D (FEC Form 3X)			(Use separate	PAGE 178 OF 182
DEBTS AND OBLIGATIONS			schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans			numbered line)	
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L U	JNION FE	DERAL POLI	TICAL ACTIC	• • •
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Debt (Purpose):
UNION TRAVEL MASTERCARE)		CATERIN	IG EXPENSES
Mailing Address P.O. BOX 88000				
City State BALTIMORE	Zip Code MD	04000		
		21288	Transac	tion ID : SD10.6517
Outstanding Balance Beginning This Period			Tansay	
1897.47				
Amount Incurred This Period	Paym	nent This Period	Outstand	ding Balance at Close of This Period
0.00		C	0.00	1897.47
B. Full Name (Last, First, Middle Initial) of Debtor				Debt (Purpose):
UNION TRAVEL MASTERCARD			CATERIN	IG EXPENSES
Mailing Address P.O. BOX 88000				
City State BALTIMORE	Zip Code MD	21288		
		21200		
Outstanding Balance Beginning This Period			Transa	ction ID : SD10.6518
1849.15				
Amount Incurred This Period	Paym	nent This Period	Outstand	ding Balance at Close of This Period
0.00		0	0.00	1849.15
	3			/9
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARE				Debt (Purpose): GE EXPENSES
Mailing Address P.O. BOX 88000				
City	State	Zip Code		
BALTIMORE	MD	21288		
Outstanding Balance Beginning This Period			Transa	ction ID : SD10.6519
835.02				
Amount Incurred This Period	Pave	nent This Period	Outstand	ding Balance at Close of This Period
	l ayı			
0.00			0.00	835.02
			_	4504.04
1) SUBTOTALS This Period This Page (optional)			····· • •	4581.64
2) TOTALS This Period (last page this line number of	only)		🕨	
		<u>`````````````````````````````````````</u>		
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only	y)	···· ►	
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary	/ Page (last page o	nly) 🕨	· · · · · · · · ·

SCHEDULE D (FEC Form 3X)				DACE 170 OF 182
			(Use separate	PAGE 179 OF 182
DEBTS AND OBLIGATIONS			schedule(s) for each	FOR LINE NUMBER: (check only one)
Excluding Loans			numbered line)	
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FEI	DERAL POLI	TICAL ACTIO	N FUND
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
UNION TRAVEL MASTERCARI	C		TRAVEL E	XPENSES
Mailing Address P.O. BOX 88000				
Mailing Address P.O. BOX 88000				
City State	Zip Code			
BALTIMORE	MD	21288		
Outstanding Balance Beginning This Period			Transacti	on ID : SD10.6520
435.95				
Amount Incurred This Period	Paym	ent This Period	Outstandir	g Balance at Close of This Period
	i dyin			
0.00			0.00	435.95
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
UNION TRAVEL MASTERCARD			TRAVEL E	
Mailing Address P.O. BOX 88000				
City State	Zip Code			
BALTIMORE	MD	21288		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.6521
1056.95				
	Daving	ant This Daviad	Outstandin	a Delense et Class of This Deviad
Amount Incurred This Period	Рауш	ent This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	1056.95
	or Creditor	0		/9
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI		0	Nature of D	ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI		0	Nature of D	ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor		0	Nature of D	ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI		0 Zip Code	Nature of D	ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI Mailing Address P.O. BOX 88000	0		Nature of D	ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI Mailing Address P.O. BOX 88000 City	State	Zip Code	Nature of D CATERING	ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI Mailing Address P.O. BOX 88000 City BALTIMORE Outstanding Balance Beginning This Period	State	Zip Code	Nature of D CATERING	ebt (Purpose): EXPENSES
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI Mailing Address P.O. BOX 88000 City BALTIMORE Outstanding Balance Beginning This Period 2372.04	State MD	Zip Code 21288	Nature of D CATERING	ebt (Purpose): EXPENSES
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI Mailing Address P.O. BOX 88000 City BALTIMORE Outstanding Balance Beginning This Period 2372.04 Amount Incurred This Period	State MD	Zip Code 21288 ent This Period	Nature of D CATERING Transact Outstandir	ebt (Purpose): S EXPENSES
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI Mailing Address P.O. BOX 88000 City BALTIMORE Outstanding Balance Beginning This Period 2372.04	State MD	Zip Code 21288 ent This Period	Nature of D CATERING	ebt (Purpose): EXPENSES
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI Mailing Address P.O. BOX 88000 City BALTIMORE Outstanding Balance Beginning This Period 2372.04 Amount Incurred This Period	State MD	Zip Code 21288 ent This Period	Nature of D CATERING Transact Outstandir	ebt (Purpose): S EXPENSES
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI Mailing Address P.O. BOX 88000 City BALTIMORE Outstanding Balance Beginning This Period 2372.04 Amount Incurred This Period 0.00	State MD Paym	Zip Code 21288 ent This Period	Nature of D CATERING Transact Outstandir	ebt (Purpose): S EXPENSES
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI Mailing Address P.O. BOX 88000 City BALTIMORE Outstanding Balance Beginning This Period 2372.04 Amount Incurred This Period	State MD Paym	Zip Code 21288 ent This Period	Nature of D CATERING Transact Outstandir	ebt (Purpose): EXPENSES ion ID : SD10.6522 Ing Balance at Close of This Period 2372.04
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI Mailing Address P.O. BOX 88000 City BALTIMORE Outstanding Balance Beginning This Period 2372.04 Amount Incurred This Period 0.00	C State MD Paym	Zip Code 21288 ent This Period	Nature of D CATERING Transact Outstandir	ebt (Purpose): EXPENSES ion ID : SD10.6522 Ing Balance at Close of This Period 2372.04
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI Mailing Address P.O. BOX 88000 City BALTIMORE Outstanding Balance Beginning This Period 2372.04 Amount Incurred This Period 0.00	C State MD Paym	Zip Code 21288 ent This Period	Nature of D CATERING	ebt (Purpose): EXPENSES ion ID : SD10.6522 Ing Balance at Close of This Period 2372.04
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI Mailing Address P.O. BOX 88000 City BALTIMORE Outstanding Balance Beginning This Period 2372.04 Amount Incurred This Period 0.00	C State MD Paym	Zip Code 21288 ent This Period	Nature of D CATERING	ebt (Purpose): EXPENSES ion ID : SD10.6522 Ing Balance at Close of This Period 2372.04

CHEDULE D (FEC Form 3X)				
			(Use separate	PAGE 180 OF 182
EBTS AND OBLIGATIONS			schedule(s)	FOR LINE NUMBER:
xcluding Loans			for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
1199 SERVICE EMPLOYEES INT'L	UNION FEI	DERAL POLI	FICAL ACTION	N FUND
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ebt (Purpose):
UNION TRAVEL MASTERCAR	RD		TRAVEL E	XPENSES
Mailing Address P.O. BOX 88000				
City State	Zip Code			
BALTIMORE	MD	21288		
Outstanding Balance Beginning This Period			Transacti	on ID : SD10.6533
367.37				
301.31				
Amount Incurred This Period	Paym	ent This Period	Outstandir	g Balance at Close of This Period
0.00		0	.00	367.37
B. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		Nature of D	ebt (Purpose):
UNION TRAVEL MASTERCARI	D		TRAVEL E	(PENSES
Mailing Address P.O. BOX 88000				
City State	Zip Code			
BALTIMORE	MD	21288		
Outstanding Polence Paginning This Pariod			Trovost	ion ID : SD10.6535
			Transact	
Outstanding Balance Beginning This Period			Transact	
262.40			Transact	
	Paym	ent This Period		g Balance at Close of This Period
262.40 Amount Incurred This Period	Paym		Outstandir	ng Balance at Close of This Period
262.40	Paym			
262.40 Amount Incurred This Period 0.00			Outstandir	ng Balance at Close of This Period 262.40
262.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Outstandir .00 Nature of D	ng Balance at Close of This Period
262.40 Amount Incurred This Period 0.00	or or Creditor		Outstandir .00 Nature of D	ng Balance at Close of This Period 262.40 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Outstandir .00 Nature of D	ng Balance at Close of This Period 262.40 ebt (Purpose):
262.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto UNION TRAVEL MASTERCAR Mailing Address P.O. BOX 88000	or or Creditor	0	Outstandir .00 Nature of D	ng Balance at Close of This Period 262.40 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto UNION TRAVEL MASTERCAR Mailing Address P.O. BOX 88000 City	or or Creditor RD	0 Zip Code	Outstandir .00 Nature of D	ng Balance at Close of This Period 262.40 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto UNION TRAVEL MASTERCAR Mailing Address P.O. BOX 88000 City BALTIMORE	or or Creditor	0	Outstandir	ebt (Purpose): EXPENSES
C. Full Name (Last, First, Middle Initial) of Debto UNION TRAVEL MASTERCAR Mailing Address P.O. BOX 88000 City	or or Creditor RD	0 Zip Code	Outstandir	ng Balance at Close of This Period 262.40 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto UNION TRAVEL MASTERCAR Mailing Address P.O. BOX 88000 City BALTIMORE	or or Creditor RD	0 Zip Code	Outstandir	ebt (Purpose): EXPENSES
262.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCAR Mailing Address P.O. BOX 88000 City BALTIMORE Outstanding Balance Beginning This Period	or or Creditor CD State MD	0 Zip Code	Outstandir	ebt (Purpose): EXPENSES
262.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto UNION TRAVEL MASTERCAR Mailing Address P.O. BOX 88000 City BALTIMORE Outstanding Balance Beginning This Period 477.00 Amount Incurred This Period	or or Creditor CD State MD	Zip Code 21288	Outstandir	ag Balance at Close of This Period 262.40 ebt (Purpose): EXPENSES
262.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto UNION TRAVEL MASTERCAR Mailing Address P.O. BOX 88000 City BALTIMORE Outstanding Balance Beginning This Period 477.00	or or Creditor CD State MD	Zip Code 21288	Outstandir	ag Balance at Close of This Period 262.40 ebt (Purpose): EXPENSES ion ID : SD10.6536 ag Balance at Close of This Period
262.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto UNION TRAVEL MASTERCAR Mailing Address P.O. BOX 88000 City BALTIMORE Outstanding Balance Beginning This Period 477.00 Amount Incurred This Period	or or Creditor CD State MD	Zip Code 21288	Outstandir	ag Balance at Close of This Period 262.40 ebt (Purpose): EXPENSES ion ID : SD10.6536 ag Balance at Close of This Period
262.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto UNION TRAVEL MASTERCAR Mailing Address P.O. BOX 88000 City BALTIMORE Outstanding Balance Beginning This Period 477.00 Amount Incurred This Period 0.00	or or Creditor D State MD Paym	Zip Code 21288 ent This Period	Outstandir .00 Nature of D CATERINO Transact Outstandir .00	ag Balance at Close of This Period 262.40 ebt (Purpose): EXPENSES ion ID : SD10.6536 ag Balance at Close of This Period
262.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto UNION TRAVEL MASTERCAR Mailing Address P.O. BOX 88000 City BALTIMORE Outstanding Balance Beginning This Period 477.00 Amount Incurred This Period 0.00	or or Creditor D State MD Paym	Zip Code 21288 ent This Period	Outstandir .00 Nature of D CATERINO Transact Outstandir .00	ag Balance at Close of This Period 262.40 ebt (Purpose): EXPENSES ion ID : SD10.6536 ag Balance at Close of This Period 477.00
262.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto UNION TRAVEL MASTERCAR Mailing Address P.O. BOX 88000 City BALTIMORE Outstanding Balance Beginning This Period 477.00 Amount Incurred This Period 0.00	or or Creditor D State MD Paym	Zip Code 21288 ent This Period	Outstandir	ag Balance at Close of This Period 262.40 ebt (Purpose): EXPENSES ion ID : SD10.6536 ag Balance at Close of This Period 477.00
262.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCAR Mailing Address P.O. BOX 88000 City BALTIMORE Outstanding Balance Beginning This Period 477.00 Amount Incurred This Period 0.00	or or Creditor D State MD Paym	Zip Code 21288 ent This Period	Outstandir	ag Balance at Close of This Period 262.40 ebt (Purpose): EXPENSES ion ID : SD10.6536 ag Balance at Close of This Period 477.00
262.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto UNION TRAVEL MASTERCAR Mailing Address P.O. BOX 88000 City BALTIMORE Outstanding Balance Beginning This Period 477.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number	or or Creditor D State MD Paym	Zip Code 21288 ent This Period	Outstandir	ag Balance at Close of This Period 262.40 ebt (Purpose): EXPENSES ion ID : SD10.6536 ag Balance at Close of This Period 477.00
262.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto UNION TRAVEL MASTERCAR Mailing Address P.O. BOX 88000 City BALTIMORE Outstanding Balance Beginning This Period 477.00 Amount Incurred This Period	or or Creditor D State MD Paym C (last page only	Zip Code 21288 ent This Period	Outstandir	ag Balance at Close of This Period 262.40 ebt (Purpose): EXPENSES ion ID : SD10.6536 ag Balance at Close of This Period 477.00

COUEDINE D (EEC Form 28)			Г	
SCHEDULE D (FEC Form 3X)			(Use separate	PAGE 181 OF 182
DEBTS AND OBLIGATIONS			schedule(s) for each	FOR LINE NUMBER: (check only one)
Excluding Loans			numbered line)	(check only one) 3 X 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L U	UNION FE	DERAL POLI	TICAL ACTIO	
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
UNION TRAVEL MASTERCARI	C		TRAVEL E	XPENSES
Mailing Address P.O. BOX 88000				
City State BALTIMORE	Zip Code MD	21288		
Outstanding Balance Beginning This Period			Transacti	on ID : SD10.6537
524.80				
Amount Incurred This Period	Paym	ent This Period	Qutetandi	ng Balance at Close of This Period
	i ayıı			
0.00		0	0.00	524.80
B. Full Name (Last, First, Middle Initial) of Debtor of				ebt (Purpose):
UNION TRAVEL MASTERCARD	UNION TRAVEL MASTERCARD			EXPENSES
Mailing Address P.O. BOX 88000				
	Zin Codo			
City State BALTIMORE	Zip Code MD	21288		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.6538
1115.00				
	Deur	This Devied	Outstaa di	D laws at Olsee of This Desired
Amount Incurred This Period	Рауп	ent This Period		ng Balance at Close of This Period
0.00		0	.00	1115.00
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
UNION TRAVEL MASTERCARI	C		TRAVEL E	XPENSES
Mailing Address P.O. BOX 88000				
01	01-1-1	7. 0. 1.		
City BALTIMORE	State MD	Zip Code 21288		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.6539
419.84				
Amount Incurred This Period	Paym	ent This Period	Outstandi	ng Balance at Close of This Period
0.00		C	0.00	419.84
				-/J/J
				2059.64
1) SUBTOTALS This Period This Page (optional)				2000.04
2) TOTALS This Period (last page this line number of	only)		▶	
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only	()		
	last page oni	()		· · · · · · · ·
4) ADD 2) and 3) and carry forward to appropriate li	ine of Summary	Page (last page or	nly) ►	7

SCHEDULE D (FEC Form 3X)			
		(Use separate	PAGE 182 OF 182
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'I	UNION FEDERAL POLI	TICAL ACTION	
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	ebt (Purpose):
UNION TRAVEL MASTERCA		TRANSPO	RTATION COSTS
Mailing Address P.O. BOX 88000			
City State	Zip Code		
BALTIMORE	MD 21288		
Outstanding Balance Beginning This Period		Transacti	on ID : SD10.6545
539.45			
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
0.00		0.00	539.45
		5.00	
B. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		ebt (Purpose):
UNION TRAVEL MASTERCAR	RD	CATERING	EXPENSES
Mailing Address P.O. BOX 88000			
City State	Zip Code		
BALTIMORE	MD 21288		
Outstanding Balance Beginning This Period		Transact	ion ID : SD10.6546
Outstanding Balance Beginning This Period 2552.60		Transact	ion ID : SD10.6546
2552.60	Payment This Period		
2552.60 Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
2552.60			
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Outstandir 0.00 Nature of D	g Balance at Close of This Period 2552.60 ebt (Purpose):
2552.60 Amount Incurred This Period 0.00	tor or Creditor	Outstandir 0.00 Nature of D	g Balance at Close of This Period 2552.60
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Outstandir 0.00 Nature of D	g Balance at Close of This Period 2552.60 ebt (Purpose):
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