

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

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

FOR LINE NUMBER: PAGE 137 OF 182  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

**A. DANIELLE G. Tennant**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13003 NW 22 AVE  
 City Miami State FL Zip Code 33167  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Shore Medical Center Occupation REGISTERED NURSE SPECIALTY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11Al.17187**  
 Amount of Each Receipt this Period 30.00  
 PAYROLL DEDUCTION

**B. ANGELA THOMAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 HARRISON ST, APT 3D  
 City NEW ROCHELLE State NY Zip Code 10801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MONTEFIORE NEW ROCHELLE HOSP Occupation UNIT CLERK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11Al.17193**  
 Amount of Each Receipt this Period 10.00  
 PAYROLL DEDUCTION

**C. GLORIA THOMAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1315 EASTERN PARKWAY, #1A  
 City BROOKLYN State NY Zip Code 11233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NOSTRAND CTR NURSING & REHAB Occupation MEDICAL LIAISON  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11Al.17189**  
 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)..... ▶