

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

Office Use Only

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

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

ADDRESS (number and street)

330 WEST 42ND STREET, 7TH FLOOR

☐Check if different
than previously
reported. (ACC)

NEW YORK

NY

10036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00348540

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2006

through

09

30

2006

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

Type or Print Name of Treasurer

JENNIFER CUNNINGHAM

Signature of Treasurer

Electronically Filed by JENNIFER CUNNINGHAM

Date

10

12

2006

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

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period:

From:

M	M		D	D		Y	Y	Y	Y
0	7		0	1		2	0	0	6

To:

M	M		D	D		Y	Y	Y	Y
0	9		3	0		2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		362733.62
(b) Cash on Hand at Beginning of Reporting Period	471166.23	
(c) Total Receipts (from Line 19)	1165889.60	3520367.22
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1637055.83	3883100.84
7. Total Disbursements (from Line 31)	1498996.14	3745041.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	138059.69	138059.69
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)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	353.00	453.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	1165536.60	3519914.22
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	1165889.60	3520367.22
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	1165889.60	3520367.22
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1165889.60	3520367.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1165889.60	3520367.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1270.00	1524.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1270.00	1524.00
22. Transfers to Affiliated/Other Party Committees.....	1490549.69	3723967.47
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	-5684.15
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	-5684.15
29. Other Disbursements.....	7176.45	25233.83
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1498996.14	3745041.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1498996.14	3745041.15

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1165889.60	3520367.22
34. Total Contribution Refunds (from Line 28(d))	0.00	-5684.15
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1165889.60	3526051.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1270.00	1524.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1270.00	1524.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 / 15

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) NUBIA BUITRAGO		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 37-31 73RD STREET APT. 9N		Transaction ID: SA11A1.4943
City JACKSON HEIGHTS	State NY	Zip Code 11372
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 43.00
Name of Employer PARTNERS IN CARE	Occupation HOME HEALTH AIDE	PAYROLL DEDUCTION OF \$43 PER MONTH
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

B. Full Name (Last, First, Middle Initial) ENID ECKSTEIN		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 26 BOYNTON STREET		Transaction ID: SA11A1.4945
City JAMAICA PLAIN	State MA	Zip Code 02130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer 1199 SEIU	Occupation UNKNOWN	PAYROLL DEDUCTION OF \$40 PER MONTH
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C. Full Name (Last, First, Middle Initial) ENID ECKSTEIN		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 26 BOYNTON STREET		Transaction ID: SA11A1.4946
City JAMAICA PLAIN	State MA	Zip Code 02130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer 1199 SEIU	Occupation UNKNOWN	PAYROLL DEDUCTION OF \$40 PER MONTH
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

93.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 / 15

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) ENID ECKSTEIN Mailing Address 26 BOYNTON STREET City JAMAICA PLAIN State MA Zip Code 02130 FEC ID number of contributing federal political committee. C Name of Employer 1199 SEIU Occupation UNKNOWN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt MM / DD / YYYY 08 / 31 / 2006 Transaction ID: SA11A1.4947 Amount of Each Receipt this Period 25.00 PAYROLL DEDUCTION OF \$40 PER MONTH
B. Full Name (Last, First, Middle Initial) STACEY MILLMAN Mailing Address 289 MANNING BLVD. City ALBANY State NY Zip Code 12206-1425 FEC ID number of contributing federal political committee. C Name of Employer NATIONAL BENEFIT FUND-1199 Occupation COMMUNICATIONS DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 07 / 15 / 2006 Transaction ID: SA11A1.4948 Amount of Each Receipt this Period 50.00 PAYROLL DEDUCTION OF \$50 PER MONTH
C. Full Name (Last, First, Middle Initial) WILLIAM NICHOLS, Jr. Mailing Address 8005 WINFIELD CIRCLE City ROME State NY Zip Code 13440 FEC ID number of contributing federal political committee. C Name of Employer 1199 SPECIAL PROJECTS Occupation DELEGATE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt MM / DD / YYYY 07 / 31 / 2006 Transaction ID: SA11A1.4951 Amount of Each Receipt this Period 45.00 PAYROLL DEDUCTION OF \$50 PER MONTH

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 / 15

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. WILLIAM NICHOLS, Jr.

Mailing Address 8005 WINFIELD CIRCLE

City State Zip Code
 ROME NY 13440

FEC ID number of contributing
federal political committee.

C

Name of Employer
1199 SPECIAL PROJECTS

Occupation
DELEGATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.4953

Amount of Each Receipt this Period

45.00

PAYROLL DEDUCTION OF \$45
PER MONTH

Full Name (Last, First, Middle Initial)

B. WILLIAM NICHOLS, Jr.

Mailing Address 8005 WINFIELD CIRCLE

City State Zip Code
 ROME NY 13440

FEC ID number of contributing
federal political committee.

C

Name of Employer
1199 SPECIAL PROJECTS

Occupation
DELEGATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.4952

Amount of Each Receipt this Period

45.00

PAYROLL DEDUCTION OF \$45
PER MONTH

Full Name (Last, First, Middle Initial)

C. JEFFREY VOGEL

Mailing Address 4801 42ND STREET, APT 4D

City State Zip Code
 SUNNYSIDE NY 11104

FEC ID number of contributing
federal political committee.

C

Name of Employer
BETH ISRAEL MEDICAL CTR-P-
ETRIE

Occupation
TECHNICAL/PROFESSIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.4959

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION OF \$25
PER MONTH

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 15

(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial)
JEFFREY VOGEL

Mailing Address 4801 42ND STREET, APT 4D

City State Zip Code
SUNNYSIDE NY 11104

FEC ID number of contributing
federal political committee.

C

Name of Employer
BETH ISRAEL MEDICAL CTR-P-
ETRIE

Occupation
TECHNICAL/PROFESSIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.4960

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION OF \$25
PER MONTH

SUBTOTAL of Receipts This Page (optional)

25.00

TOTAL This Period (last page this line number only)

353.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 15

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. HOROWITZ & ULLMANN, P.C.

Mailing Address 275 MADISON AVENUE
SUITE 902

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
ACCOUNTING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4919

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	6

Amount of Each Disbursement this Period

1270.00

SUBTOTAL of Disbursements This Page (optional)

1270.00

TOTAL This Period (last page this line number only)

1270.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 15

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB22.4910

Date of Disbursement

/ /

Amount of Each Disbursement this Period

237455.89

Full Name (Last, First, Middle Initial)

B. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB22.4911

Date of Disbursement

/ /

Amount of Each Disbursement this Period

249596.83

Full Name (Last, First, Middle Initial)

C. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB22.4914

Date of Disbursement

/ /

Amount of Each Disbursement this Period

209127.18

SUBTOTAL of Disbursements This Page (optional)

696179.90

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 15

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB22.4920

Date of Disbursement

/ /

Amount of Each Disbursement this Period

164742.10

Full Name (Last, First, Middle Initial)

B. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB22.4921

Date of Disbursement

/ /

Amount of Each Disbursement this Period

173768.29

Full Name (Last, First, Middle Initial)

C. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB22.4916

Date of Disbursement

/ /

Amount of Each Disbursement this Period

221392.84

SUBTOTAL of Disbursements This Page (optional)

559903.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 15

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB22.4917

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	6

Amount of Each Disbursement this Period

234466.56

SUBTOTAL of Disbursements This Page (optional)

234466.56

TOTAL This Period (last page this line number only)

1490549.69

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 15

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. 1199 & 32BJ/144 SEIU HOME CARE PAC

Mailing Address 310 W 43RD STREET

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
REFUND OF EMPLOYER REMIT IN ERROR

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB29.4934

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. 1199 & 32BJ/144 SEIU HOME CARE PAC

Mailing Address 310 W 43RD STREET

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
REFUND OF EMPLOYER REMIT IN ERROR

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB29.4935

Date of Disbursement

/ /

Amount of Each Disbursement this Period

740.00

Full Name (Last, First, Middle Initial)

C. 1199 SEIU

Mailing Address 310 W 43RD STREET

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
REFUND OF EMPLOYER REMIT IN ERROR

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB29.4936

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5517.45

SUBTOTAL of Disbursements This Page (optional)

7007.45

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 15

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. AMALGAMATED BANK

Mailing Address 11-15 UNION SQUARE

City
NEW YORK

State
NY

Zip Code
10003

Purpose of Disbursement
BANK CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4955

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.50

SUBTOTAL of Disbursements This Page (optional)

10.50

TOTAL This Period (last page this line number only)

7017.95