

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

Office Use Only

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

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

ADDRESS (number and street) ▼

330 WEST 42ND STREET, 7TH FLOOR

☐ Check if different than previously reported. (ACC)

NEW YORK

NY

10036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00348540

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
07 01 2012

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2012

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

Type or Print Name of Treasurer KEVIN FINNEGAN

Signature of Treasurer

KEVIN FINNEGAN

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
12 05 2012

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 01 2012 To: M M / D D / Y Y Y Y Y Y  
09 30 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">2188653.24</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">2111319.36</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">1691174.84</span>	<span style="border: 1px solid black; padding: 2px;">5150766.61</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">3802494.20</span>	<span style="border: 1px solid black; padding: 2px;">7339419.85</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">1617596.93</span>	<span style="border: 1px solid black; padding: 2px;">5154522.58</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">2184897.27</span>	<span style="border: 1px solid black; padding: 2px;">2184897.27</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">686094.66</span>	



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

## For further information contact:

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

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

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
07 01 2012

To:

M M / D D / Y Y Y Y Y  
09 30 2012
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

7303.64

9436.64

(ii) Unitemized .....

1683262.19

5139748.45

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

1690565.83

5149185.09

(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) ..... ►

1690565.83

5149185.09

## 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.).....

609.01

1581.52

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

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

0.00

0.00

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

1691174.84

5150766.61

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

1691174.84

5150766.61

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1515.00	5715.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1515.00	5715.00
22. Transfers to Affiliated/Other Party Committees.....	1600000.00	5100000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	31000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	339.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	339.00
29. Other Disbursements .....	1081.93	17468.58
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1617596.93	5154522.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1617596.93	5154522.58

# **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) .....	1690565.83	5149185.09
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	339.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1690565.83	5148846.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1515.00	5715.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	1515.00	5715.00

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

Form/Schedule: F3XA  
Transaction ID :

All unitemized receipts are contributions from contributors with total contributions of less than \$200 in the calendar year as of the close of the reporting period.

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. Valry Anderson**

Mailing Address 216 Fieldmere Street

City State Zip Code  
Elmont NY 11003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

CHART ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : SA11AI.10752

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. Valry Anderson**

Mailing Address 216 Fieldmere Street

City State Zip Code  
Elmont NY 11003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

CHART ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : SA11AI.10755

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. Valry Anderson**

Mailing Address 216 Fieldmere Street

City State Zip Code  
Elmont NY 11003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

CHART ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.10753

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION

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

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

50.00

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

 Use separate schedule(s)  
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(check only one)

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

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

**A. Valry Anderson**

Mailing Address 216 Fieldmere Street

 City State Zip Code  
 Elmont NY 11003

FEC ID number of contributing federal political committee.

C

Name of Employer

1199 SEIU

Occupation

CHART ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 08 31 2012

Transaction ID : SA11AI.10756

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. Valry Anderson**

Mailing Address 216 Fieldmere Street

 City State Zip Code  
 Elmont NY 11003

FEC ID number of contributing federal political committee.

C

Name of Employer

1199 SEIU

Occupation

CHART ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 30 2012

Transaction ID : SA11AI.11028

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. MITRA BEHROOZI**

Mailing Address 123 LINCOLN PLACE

 City State Zip Code  
 BROOKLYN NY 11217

FEC ID number of contributing federal political committee.

C

Name of Employer

National Benefit Fund-1199

Occupation

Executive director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 07 31 2012

Transaction ID : SA11AI.11034

Amount of Each Receipt this Period

150.00

PAYROLL DEDUCTION

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

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

180.00



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

## **A. MITRA BEHROOZI**

Mailing Address 123 LINCOLN PLACE

City

BROOKLYN

State

NY

Zip Code

11217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Benefit Fund-1199

Occupation

Executive director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.11035

Amount of Each Receipt this Period

150.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. MITRA BEHROOZI**

Mailing Address 123 LINCOLN PLACE

City

BROOKLYN

State

NY

Zip Code

11217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Benefit Fund-1199

Occupation

Executive director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.11036

Amount of Each Receipt this Period

150.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. AMRITA BISSOONDIAL**

Mailing Address 104-66 112 STREET

City

RICHMOND HILL

State

NY

Zip Code

11419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REGAL HEIGHTS REHAB AND HEALTH

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 30 / 2012

Transaction ID : SA11AI.11031

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

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

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

340.00

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. AMRITA BISSOONDIAL**

Mailing Address 104-66 112 STREET

City

RICHMOND HILL

State

NY

Zip Code

11419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REGAL HEIGHTS REHAB AND HEALTH

Occupation

UNKNOWN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.11032

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. AMRITA BISSOONDIAL**

Mailing Address 104-66 112 STREET

City

RICHMOND HILL

State

NY

Zip Code

11419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REGAL HEIGHTS REHAB AND HEALTH

Occupation

UNKNOWN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2012

Transaction ID : SA11AI.11033

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. JUNE BLAIN**

Mailing Address 1333 Watchung Ave

City

Plainfield

State

NJ

Zip Code

07060-3145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Benefit Fund-1199

Occupation

Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 30 / 2012

Transaction ID : SA11AI.11039

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

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

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

60.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. JEANNIE BONVINO**

Mailing Address 777 AVENUE Z

City

BROOKLYN

State

NY

Zip Code

11285

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BETH ISRAEL KINGS HIGHWAY

Occupation

TECHNICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

216.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : SA11AI.11041

Amount of Each Receipt this Period

43.33

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. JEANNIE BONVINO**

Mailing Address 777 AVENUE Z

City

BROOKLYN

State

NY

Zip Code

11285

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BETH ISRAEL KINGS HIGHWAY

Occupation

TECHNICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

259.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.11043

Amount of Each Receipt this Period

43.33

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. JEANNIE BONVINO**

Mailing Address 777 AVENUE Z

City

BROOKLYN

State

NY

Zip Code

11285

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BETH ISRAEL KINGS HIGHWAY

Occupation

TECHNICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

303.31

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

Transaction ID : SA11AI.11044

Amount of Each Receipt this Period

43.33

PAYROLL DEDUCTION

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

129.99

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. JEANNIE BONVINO**

Mailing Address 777 AVENUE Z

City  
BROOKLYN

State Zip Code  
NY 11285

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BETH ISRAEL KINGS HIGHWAY

Occupation  
TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

Transaction ID : SA11AI.11045

Amount of Each Receipt this Period

43.33

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. GLADYS BRUNO**

Mailing Address 726 52ND STREET  
BSMT

City  
BROOKLYN

State Zip Code  
NY 11220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LUTHERAN MEDICAL CENTER

Occupation  
PATIENT SERVICE ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

Transaction ID : SA11AI.11046

Amount of Each Receipt this Period

130.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. NUBIA BUITRAGO**

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

City  
JACKSON HEIGHTS

State Zip Code  
NY 11372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARTNERS IN CARE

Occupation  
HOME HEALTH AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : SA11AI.11048

Amount of Each Receipt this Period

43.00

PAYROLL DEDUCTION

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

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

216.33

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

## **A. NUBIA BUITRAGO**

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

City State Zip Code  
JACKSON HEIGHTS NY 11372

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PARTNERS IN CARE

Occupation

HOME HEALTH AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.11049

Amount of Each Receipt this Period

43.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. NUBIA BUITRAGO**

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

City State Zip Code  
JACKSON HEIGHTS NY 11372

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PARTNERS IN CARE

Occupation

HOME HEALTH AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2012

Transaction ID : SA11AI.11050

Amount of Each Receipt this Period

43.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **c. Saily Cabral**

Mailing Address 45 Scooter Ln

City State Zip Code  
Hicksville NY 11801-6416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : SA11AI.11051

Amount of Each Receipt this Period

180.00

PAYROLL DEDUCTION

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

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

266.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

## **A. Saily Cabral**

Mailing Address 45 Scooter Ln

City  
Hicksville

State  
NY

Zip Code  
11801-6416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.10789

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. SANDY CADET**

Mailing Address 7000 NOVA DRIVE

City  
DAVIE

State  
FL

Zip Code  
33317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PLANTATION GENERAL HOSPITAL

Occupation

CLIN LADDER 1

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : SA11AI.11054

Amount of Each Receipt this Period

80.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. SANDY CADET**

Mailing Address 7000 NOVA DRIVE

City  
DAVIE

State  
FL

Zip Code  
33317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PLANTATION GENERAL HOSPITAL

Occupation

CLIN LADDER 1

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.11055

Amount of Each Receipt this Period

80.00

PAYROLL DEDUCTION

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

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

190.00

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

## **A. SANDY CADET**

Mailing Address 7000 NOVA DRIVE

City State Zip Code  
 DAVIE FL 33317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 PLANTATION GENERAL HOSPITAL

Occupation  
 CLIN LADDER 1

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2012

Transaction ID : SA11AI.11056

Amount of Each Receipt this Period

80.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. DANIEL CALISE**

Mailing Address 44 ARIZONA AVENUE

City State Zip Code  
 BAY SHORE NY 11706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SOUTH OAKS HOSPITAL

Occupation  
 CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2012

Transaction ID : SA11AI.11059

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. DANIEL CALISE**

Mailing Address 44 ARIZONA AVENUE

City State Zip Code  
 BAY SHORE NY 11706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SOUTH OAKS HOSPITAL

Occupation  
 CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2012

Transaction ID : SA11AI.11060

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION

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

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

110.00

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. DANIEL CALISE**

Mailing Address 44 ARIZONA AVENUE

City State Zip Code  
BAY SHORE NY 11706

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
SOUTH OAKS HOSPITAL CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 30 2012

Transaction ID : SA11AI.11061

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. TRECETIA CAMPBELL**

Mailing Address 11529 LAURELWALK DRIVE

City State Zip Code  
LAUREL MD 20708-3001

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
DIMENSIONS HEALTH SYSTEM LABORATORY TECH ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 30 2012

Transaction ID : SA11AI.11065

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. Karen Carter**

Mailing Address 2125 ASHBURTON STREET  
NULL

City State Zip Code  
Baltimore MD 21216

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
St Elizabeth Home for Nursing Care HOUSEKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 31 2012

Transaction ID : SA11AI.10795

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

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

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

75.00



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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. Joan Chapman**

Mailing Address 1300 Pine Lake Rd

City

Orlando

State

FL

Zip Code

32808-6323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rosewood Health & Rehab Center

Occupation

COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 30 / 2012

Transaction ID : SA11AI.11069

Amount of Each Receipt this Period

60.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. Annetta CLEMONS Smith**

Mailing Address 207 M A Board St  
Apt 21

City

Apopka

State

FL

Zip Code

32703-5199

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Mary Health & Rehab Ctr

Occupation

Certified Nursing Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 30 / 2012

Transaction ID : SA11AI.11068

Amount of Each Receipt this Period

60.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. Annetta CLEMONS Smith**

Mailing Address 207 M A Board St  
Apt 21

City

Apopka

State

FL

Zip Code

32703-5199

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Mary Health & Rehab Ctr

Occupation

Certified Nursing Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 30 / 2012

Transaction ID : SA11AI.11070

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

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

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

140.00

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. Ponteh Cooper**

Mailing Address 3436 99th Street

City State Zip Code  
Corona NY 11368

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regal Hgts Rehab Health Care

Occupation

Certified Nursing Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : SA11AI.11072

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. Ponteh Cooper**

Mailing Address 3436 99th Street

City State Zip Code  
Corona NY 11368

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regal Hgts Rehab Health Care

Occupation

Certified Nursing Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.11073

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. Ponteh Cooper**

Mailing Address 3436 99th Street

City State Zip Code  
Corona NY 11368

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regal Hgts Rehab Health Care

Occupation

Certified Nursing Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

Transaction ID : SA11AI.11074

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

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

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

100.00

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. Ponteh Cooper**

Mailing Address 3436 99th Street

City State Zip Code  
 Corona NY 11368

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regal Hgts Rehab Health Care

Occupation

Certified Nursing Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2012

Transaction ID : SA11Al.11075

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. KETTEL DARAM**

Mailing Address 75 LENOX ROAD 7H

City State Zip Code  
 BROOKLYN NY 11226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

B.H.R.A.G.S HOME CARE

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2012

Transaction ID : SA11Al.11078

Amount of Each Receipt this Period

150.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. MONTRAE DAVIS**

Mailing Address 5103 WILLISTON ST  
 APT 3

City State Zip Code  
 Baltimore MD 21229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Elizabeth Home for Nursing Care

Occupation

CNA Nursing Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2012

Transaction ID : SA11Al.10810

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

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

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

190.00

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

## **A. CLARIBEL DE JESUS**

Mailing Address 490 SOUTH BROADWAY  
APT 3C

City State Zip Code  
YONKERS NY 10705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BEST CARE, INC.

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : SA11AI.11081

Amount of Each Receipt this Period

42.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. CLARIBEL DE JESUS**

Mailing Address 490 SOUTH BROADWAY  
APT 3C

City State Zip Code  
YONKERS NY 10705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BEST CARE, INC.

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.11082

Amount of Each Receipt this Period

70.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. CLARIBEL DE JESUS**

Mailing Address 490 SOUTH BROADWAY  
APT 3C

City State Zip Code  
YONKERS NY 10705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BEST CARE, INC.

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.11083

Amount of Each Receipt this Period

70.00

PAYROLL DEDUCTION

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

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

182.00

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

## **A. CLARIBEL DE JESUS**

Mailing Address 490 SOUTH BROADWAY  
APT 3C

City State Zip Code  
YONKERS NY 10705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BEST CARE, INC.

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

Transaction ID : SA11AI.11084

Amount of Each Receipt this Period

14.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. CLARIBEL DE JESUS**

Mailing Address 490 SOUTH BROADWAY  
APT 3C

City State Zip Code  
YONKERS NY 10705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BEST CARE, INC.

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

Transaction ID : SA11AI.11085

Amount of Each Receipt this Period

70.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. Kerensa Dessalines**

Mailing Address 3330 Spanish Moss Ter  
Apt 407

City State Zip Code  
Lauderhill FL 33319-5062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kendall Regional Medical Ctr.

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.11086

Amount of Each Receipt this Period

80.00

PAYROLL DEDUCTION

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

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

164.00

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

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(check only one)

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

## **A. Kerensa Dessalines**

Mailing Address 3330 Spanish Moss Ter  
Apt 407

City State Zip Code  
Lauderhill FL 33319-5062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kendall Regional Medical Ctr.

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

Transaction ID : SA11AI.11087

Amount of Each Receipt this Period

80.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. ARMETA DIXON**

Mailing Address 1708 ASHBURTON STREET

City State Zip Code  
BALTIMORE MD 21216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

Vice president

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : SA11AI.11088

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. ARMETA DIXON**

Mailing Address 1708 ASHBURTON STREET

City State Zip Code  
BALTIMORE MD 21216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

Vice president

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.11089

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

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

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

160.00

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

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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

**A. ARMETA DIXON**

Mailing Address 1708 ASHBURTON STREET

City State Zip Code  
 BALTIMORE MD 21216

FEC ID number of contributing federal political committee.

C

Name of Employer

1199 SEIU

Occupation

Vice president

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2012

Transaction ID : SA11AI.11090

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. KERLINE DOMINIQUE**

Mailing Address 1003 EAST 54TH STREET

City State Zip Code  
 BROOKLYN NY 11234

FEC ID number of contributing federal political committee.

C

Name of Employer

REGAL HEIGHTS REHAB AND HEALTH

Occupation

CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2012

Transaction ID : SA11AI.11093

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. KERLINE DOMINIQUE**

Mailing Address 1003 EAST 54TH STREET

City State Zip Code  
 BROOKLYN NY 11234

FEC ID number of contributing federal political committee.

C

Name of Employer

REGAL HEIGHTS REHAB AND HEALTH

Occupation

CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2012

Transaction ID : SA11AI.11094

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

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

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

130.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

## **A. KERLINE DOMINIQUE**

Mailing Address 1003 EAST 54TH STREET

City

BROOKLYN

State

NY

Zip Code

11234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REGAL HEIGHTS REHAB AND HEALTH

Occupation

CERTIFIED NURSING ASSISTANT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

Transaction ID : SA11AI.11095

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. ENID ECKSTEIN**

Mailing Address 26 BOYNTON STREET

City

JAMAICA PLAIN

State

MA

Zip Code

02130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

Vice president

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : SA11AI.11096

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. ENID ECKSTEIN**

Mailing Address 26 BOYNTON STREET

City

JAMAICA PLAIN

State

MA

Zip Code

02130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

Vice president

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.11097

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

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

100.00

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



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

## **A. ENID ECKSTEIN**

Mailing Address 26 BOYNTON STREET

City

JAMAICA PLAIN

State

MA

Zip Code

02130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

Vice president

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

09 / 30 / 2012

Transaction ID : SA11AI.11098

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. JULIANNE FIORELLO**

Mailing Address 2170 POLO GARDENS DRIVE  
APT 206

City

WELLINGTON

State

FL

Zip Code

33414-2030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WEST PALM HOSPITAL

Occupation

RN BEHAV HLTH STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 30 / 2012

Transaction ID : SA11AI.11103

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. NOSTHA FLEURIMOND**

Mailing Address 518 EAST 22ND ST., #2C

City

BROOKLYN

State

NY

Zip Code

11226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REGAL HEIGHTS REHAB AND HEALTH

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 31 / 2012

Transaction ID : SA11AI.11111

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

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

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

130.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

## **A. NOSTHA FLEURIMOND**

Mailing Address 518 EAST 22ND ST., #2C

City State Zip Code  
 BROOKLYN NY 11226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REGAL HEIGHTS REHAB AND HEALTH

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.11112

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. NOSTHA FLEURIMOND**

Mailing Address 518 EAST 22ND ST., #2C

City State Zip Code  
 BROOKLYN NY 11226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REGAL HEIGHTS REHAB AND HEALTH

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2012

Transaction ID : SA11AI.11113

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. JOANNE FOSTER**

Mailing Address 383 HEWES ST #5B

City State Zip Code  
 Brooklyn NY 11211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier

Occupation

Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.46

Date of Receipt

07 / 31 / 2012

Transaction ID : SA11AI.11115

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

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

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

100.00

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. JOANNE FOSTER**

Mailing Address 383 HEWES ST #5B

City State Zip Code  
 Brooklyn NY 11211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier

Occupation

Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.46

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2012

Transaction ID : SA11AI.11116

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. JOANNE FOSTER**

Mailing Address 383 HEWES ST #5B

City State Zip Code  
 Brooklyn NY 11211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier

Occupation

Patient Care Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.46

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2012

Transaction ID : SA11AI.11117

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. JAMES Frazier**

Mailing Address 355 Clinton Avenue Apt. 2G

City State Zip Code  
 Brooklyn NY 11238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. VINCENT DE PAUL RESIDENCE

Occupation

HOUSEKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2012

Transaction ID : SA11AI.10827

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

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

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

85.00

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. JAMES Frazier**

Mailing Address 355 Clinton Avenue Apt. 2G

City State Zip Code  
 Brooklyn NY 11238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. VINCENT DE PAUL RESIDENCE

Occupation

HOUSEKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

07 / 31 / 2012

Transaction ID : SA11AI.10830

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. JAMES Frazier**

Mailing Address 355 Clinton Avenue Apt. 2G

City State Zip Code  
 Brooklyn NY 11238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. VINCENT DE PAUL RESIDENCE

Occupation

HOUSEKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 15 / 2012

Transaction ID : SA11AI.10828

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. JAMES Frazier**

Mailing Address 355 Clinton Avenue Apt. 2G

City State Zip Code  
 Brooklyn NY 11238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. VINCENT DE PAUL RESIDENCE

Occupation

HOUSEKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.10831

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

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

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

125.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. JAMES Frazier**

Mailing Address 355 Clinton Avenue Apt. 2G

City State Zip Code  
 Brooklyn NY 11238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. VINCENT DE PAUL RESIDENCE

Occupation

HOUSEKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

09 / 15 / 2012

Transaction ID : SA11AI.11118

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. JAMES Frazier**

Mailing Address 355 Clinton Avenue Apt. 2G

City State Zip Code  
 Brooklyn NY 11238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. VINCENT DE PAUL RESIDENCE

Occupation

HOUSEKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

09 / 30 / 2012

Transaction ID : SA11AI.11119

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. CONNIE GEIGER**

Mailing Address 1900 CAROLINA AVE, NE

City State Zip Code  
 ST. PETERSBURG FL 33703-3410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LARGO MEDICAL CENTER

Occupation

RESP THERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 30 / 2012

Transaction ID : SA11AI.11122

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

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

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

115.00

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

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

FOR LINE NUMBER: PAGE 30 OF 78

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

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

**A. AMY GLADSTEIN**

Mailing Address 1707 DITMAS AVENUE

City

BROOKLYN

State

NY

Zip Code

11226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GLADSTEIN REIF &amp; MEGINNISS

Occupation

ATTORNEY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2012

Transaction ID : SA11AI.11205

Amount of Each Receipt this Period

600.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. Tanya Grant**

Mailing Address 447 6th Avenue

City

Troy

State

NY

Zip Code

12182

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

ORGANIZER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : SA11AI.10836

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. Tanya Grant**

Mailing Address 447 6th Avenue

City

Troy

State

NY

Zip Code

12182

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

ORGANIZER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.10837

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

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

660.00

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

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. John Harris**

Mailing Address 4220 Bonner Road

City  
Baltimore

State  
MD

Zip Code  
21229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Eliza Home for Nursing Care

Occupation

Floor Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.10840

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. DORIS HASHIM-COLE**

Mailing Address 525 THAYER AVENUE  
#302

City

SILVER SPRING

State

MD

Zip Code

20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED MEDICAL CENTER

Occupation

LICENSED PRACTICAL NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2012

Transaction ID : SA11AI.11130

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. VIVienne HOWELL**

Mailing Address 12313 67TH STREET N

City

WEST PALM BEACH

State

FL

Zip Code

33412-2068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PALM WEST HOSPITAL

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 30 / 2012

Transaction ID : SA11AI.11133

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

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

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

100.00

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

## **A. LYNNE JENNINGS**

Mailing Address 4 SHIRLEY LANE

City State Zip Code  
 WEST BABYLON NY 11704

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 BROOKDALE HOSPITAL MEDICAL CTR PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2012

Transaction ID : SA11AI.11135

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. Johnny Jones**

Mailing Address 1272 NW 46th St

City State Zip Code  
 Miami FL 33142-4175

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Kendall Regional Medical Center SANITATION ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2012

Transaction ID : SA11AI.11136

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. Johnny Jones**

Mailing Address 1272 NW 46th St

City State Zip Code  
 Miami FL 33142-4175

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Kendall Regional Medical Center SANITATION ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2012

Transaction ID : SA11AI.11137

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

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

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

110.00



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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. Nicole Joseph**

Mailing Address 550 Ocean Ave  
Apt 4B

City State Zip Code  
Brooklyn NY 11226-3760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Presbyterian Hospital

Occupation  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : SA11AI.10853

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. Nicole Joseph**

Mailing Address 550 Ocean Ave  
Apt 4B

City State Zip Code  
Brooklyn NY 11226-3760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Presbyterian Hospital

Occupation  
Patient Care Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2012

Transaction ID : SA11AI.11138

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. ROLANDO KING**

Mailing Address 3054 83RD STREET EAST

City State Zip Code  
East Elmhurst NY 11370-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SEIU COMMUNICATIONS CENTER INC

Occupation  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : SA11AI.10855

Amount of Each Receipt this Period

50.00

Payroll Deductions

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

## **A. ROLANDO KING**

Mailing Address 3054 83RD STREET EAST

City

East Elmhurst

State

NY

Zip Code

11370-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SEIU COMMUNICATIONS CENTER INC

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.11140

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. ANGELA LUSK**

Mailing Address 5205 DWIRE COURT

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

Assistant Director of Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : SA11AI.10983

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. ANGELA LUSK**

Mailing Address 5205 DWIRE COURT

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

Assistant Director of Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.10984

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

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150.00

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. ANGELA LUSK**

Mailing Address 5205 DWIRE COURT

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

Assistant Director of Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

Transaction ID : SA11AI.11141

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. INGRID MARSDEN**

Mailing Address 2442 SE SANTOS DRIVE

City State Zip Code  
PORT SAINT LUCIE FL 34952-8038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. LUCIE MEDICAL CENTER

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2012

Transaction ID : SA11AI.11144

Amount of Each Receipt this Period

80.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. INGRID MARSDEN**

Mailing Address 2442 SE SANTOS DRIVE

City State Zip Code  
PORT SAINT LUCIE FL 34952-8038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. LUCIE MEDICAL CENTER

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.11145

Amount of Each Receipt this Period

80.00

PAYROLL DEDUCTION

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

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

210.00

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

## **A. INGRID MARSDEN**

Mailing Address 2442 SE SANTOS DRIVE

City State Zip Code  
PORT SAINT LUCIE FL 34952-8038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. LUCIE MEDICAL CENTER

Occupation  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2012

Transaction ID : SA11AI.11146

Amount of Each Receipt this Period

80.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. Betsy Marville**

Mailing Address 9914 62nd Ter S  
Apt B

City State Zip Code  
Boynton Beach FL 33437-2871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
1199 SEIU

Occupation  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : SA11AI.10868

Amount of Each Receipt this Period

100.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

## **C. Betsy Marville**

Mailing Address 9914 62nd Ter S  
Apt B

City State Zip Code  
Boynton Beach FL 33437-2871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
1199 SEIU

Occupation  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.10869

Amount of Each Receipt this Period

100.00

Payroll Deduction

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

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280.00

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

## **A. Betsy Marville**

Mailing Address 9914 62nd Ter S

Apt B

City

Boynton Beach

State

FL

Zip Code

33437-2871

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

Transaction ID : SA11AI.11147

Amount of Each Receipt this Period

100.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. Tamaqua McDonald**

Mailing Address 4302 SEMINOLE CT

APT 102

City

Baltimore

State

MD

Zip Code

21229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Elizabeth Home for Nursing Care

Occupation

Housekeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.10871

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. Adele Miller**

Mailing Address PO BOX 308

City

East Marion

State

NY

Zip Code

11939-0308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eastern Long Island Hospital

Occupation

CONTACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : SA11AI.10879

Amount of Each Receipt this Period

10.00

Payroll Deduction

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

140.00

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. Adele Miller**

Mailing Address PO BOX 308

City

East Marion

State

NY

Zip Code

11939-0308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eastern Long Island Hospital

Occupation

CONTACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.10877

Amount of Each Receipt this Period

20.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B. STACEY MILLMAN**

Mailing Address 289 MANNING BLVD.

City

ALBANY

State

NY

Zip Code

12206-1425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NATIONAL BENEFIT FUND-1199

Occupation

COMMUNICATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.11153

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. STACEY MILLMAN**

Mailing Address 289 MANNING BLVD.

City

ALBANY

State

NY

Zip Code

12206-1425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NATIONAL BENEFIT FUND-1199

Occupation

COMMUNICATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2012

Transaction ID : SA11AI.11154

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

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

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

120.00

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. CONSUELO MORA-MCLAUGHLIN**

Mailing Address 25 MILTON AVENUE

City State Zip Code  
 SUMMIT NJ 07901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 COLUMBIA UNIVERSITY-SSA

Occupation  
 RESEARCH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2012

Transaction ID : SA11AI.10988

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. CONSUELO MORA-MCLAUGHLIN**

Mailing Address 25 MILTON AVENUE

City State Zip Code  
 SUMMIT NJ 07901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 COLUMBIA UNIVERSITY-SSA

Occupation  
 RESEARCH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2012

Transaction ID : SA11AI.11156

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. CONSUELO MORA-MCLAUGHLIN**

Mailing Address 25 MILTON AVENUE

City State Zip Code  
 SUMMIT NJ 07901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 COLUMBIA UNIVERSITY-SSA

Occupation  
 RESEARCH WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2012

Transaction ID : SA11AI.10989

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

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

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

120.00

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. JEIMY MORONTA**

Mailing Address 2058 WASHINGTON AVENUE

City State Zip Code  
 BRONX NY 10457

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REGAL HEIGHTS REHAB AND HEALTH

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 31 2012

Transaction ID : SA11AI.11159

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. JEIMY MORONTA**

Mailing Address 2058 WASHINGTON AVENUE

City State Zip Code  
 BRONX NY 10457

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REGAL HEIGHTS REHAB AND HEALTH

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 31 2012

Transaction ID : SA11AI.11160

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. JEIMY MORONTA**

Mailing Address 2058 WASHINGTON AVENUE

City State Zip Code  
 BRONX NY 10457

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REGAL HEIGHTS REHAB AND HEALTH

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 30 2012

Transaction ID : SA11AI.11161

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

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

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

130.00



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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. JEIMY MORONTA**

Mailing Address 2058 WASHINGTON AVENUE

City State Zip Code  
 BRONX NY 10457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 REGAL HEIGHTS REHAB AND HEALTH

Occupation  
 UNKNOWN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2012

Transaction ID : SA11AI.11162

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. Roxey Nelson**

Mailing Address 6500 Main Street  
 Apt. 303

City State Zip Code  
 Miami Lakes FL 33014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 1199 SEIU

Occupation  
 POLITICAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2012

Transaction ID : SA11AI.10892

Amount of Each Receipt this Period

40.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C. Roxey Nelson**

Mailing Address 6500 Main Street  
 Apt. 303

City State Zip Code  
 Miami Lakes FL 33014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 1199 SEIU

Occupation  
 POLITICAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2012

Transaction ID : SA11AI.10893

Amount of Each Receipt this Period

40.00

Payroll Deduction

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

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

120.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

**A. Roxey Nelson**

Mailing Address 6500 Main Street  
Apt. 303

City State Zip Code  
Miami Lakes FL 33014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

POLITICAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2012

Transaction ID : SA11AI.11163

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. Debre Pucci**

Mailing Address 888 Union St  
Apt 4D

City State Zip Code  
Brooklyn NY 11215-1609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Healthcare Education Project

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.11166

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. Debre Pucci**

Mailing Address 888 Union St  
Apt 4D

City State Zip Code  
Brooklyn NY 11215-1609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Healthcare Education Project

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2012

Transaction ID : SA11AI.11167

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

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

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

140.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. Bryan Putman**

Mailing Address 14156 Crane Ter

City

Clearwater

State

FL

Zip Code

33762-4503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St.Petersburg General Svc & Tech

Occupation

Histology Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.11168

Amount of Each Receipt this Period

60.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. Bryan Putman**

Mailing Address 14156 Crane Ter

City

Clearwater

State

FL

Zip Code

33762-4503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St.Petersburg General Svc & Tech

Occupation

Histology Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2012

Transaction ID : SA11AI.11169

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. MERARI QUILES**

Mailing Address PO BOX 741

City

NEW YORK

State

NY

Zip Code

10108-0741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INSTITUTE FOR FAMILY HEALTH

Occupation

MEDICAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

09 / 30 / 2012

Transaction ID : SA11AI.11172

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

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

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

130.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

**A. MONICA RUSSO**

Mailing Address 11 NW 154TH STREET

City State Zip Code  
 MIAMI FL 33169

FEC ID number of contributing federal political committee.

C

Name of Employer

1199 SEIU

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 31 2012

Transaction ID : SA11AI.10916

Amount of Each Receipt this Period

64.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B. MONICA RUSSO**

Mailing Address 11 NW 154TH STREET

City State Zip Code  
 MIAMI FL 33169

FEC ID number of contributing federal political committee.

C

Name of Employer

1199 SEIU

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 31 2012

Transaction ID : SA11AI.10917

Amount of Each Receipt this Period

64.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C. MONICA RUSSO**

Mailing Address 11 NW 154TH STREET

City State Zip Code  
 MIAMI FL 33169

FEC ID number of contributing federal political committee.

C

Name of Employer

1199 SEIU

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 30 2012

Transaction ID : SA11AI.11173

Amount of Each Receipt this Period

64.00

PAYROLL DEDUCTION

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

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

192.00

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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

**A. ANA SANCHEZ**
 Mailing Address 3204 PARK AVE  
 APT 14H

 City State Zip Code  
 BRONX NY 10451

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

PEOPLE CARE

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012

Transaction ID : SA11AI.11175

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. SANDRA SARAZIN**

Mailing Address 8 LYNN STREET

 City State Zip Code  
 NANUET NY 10954

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RITE AID

Occupation

PHARMACY CASHIER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2012

Transaction ID : SA11AI.11177

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. SANDRA SARAZIN**

Mailing Address 8 LYNN STREET

 City State Zip Code  
 NANUET NY 10954

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RITE AID

Occupation

PHARMACY CASHIER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012

Transaction ID : SA11AI.11178

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

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

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

120.00

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. Harriet Sausner**

Mailing Address 5660 SW 6th Street

City

State

Zip Code

Plantation

FL

33317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

1199 SEIU

Finance Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

**Transaction ID : SA11AI.10924**

Amount of Each Receipt this Period

40.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B. Harriet Sausner**

Mailing Address 5660 SW 6th Street

City

State

Zip Code

Plantation

FL

33317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

1199 SEIU

Finance Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

**Transaction ID : SA11AI.10925**

Amount of Each Receipt this Period

40.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C. Harriet Sausner**

Mailing Address 5660 SW 6th Street

City

State

Zip Code

Plantation

FL

33317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

1199 SEIU

Finance Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

**Transaction ID : SA11AI.11181**

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

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

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

120.00

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. Richard Scherb**

Mailing Address 1163 LAKE AVE

City

State

Zip Code

Clark

NJ

07066-2751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Lutheran Medical Center

Paramedic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

08 / 31 / 2012

Transaction ID : SA11AI.10928

Amount of Each Receipt this Period

75.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. BRENDAN SHAW**

Mailing Address 297 DRIGGS AVENUE, #2B

City

State

Zip Code

BROOKLYN

NY

11222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SEIU COMMUNICATIONS CENTER INC

DIRECTOR OF COMMUNICATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 31 / 2012

Transaction ID : SA11AI.10930

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C. BRENDAN SHAW**

Mailing Address 297 DRIGGS AVENUE, #2B

City

State

Zip Code

BROOKLYN

NY

11222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SEIU COMMUNICATIONS CENTER INC

DIRECTOR OF COMMUNICATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 30 / 2012

Transaction ID : SA11AI.11183

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

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

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

175.00

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. NEVA SHILLINGFORD**

Mailing Address 952 E 218TH STREET

City  
BRONX

State  
NY

Zip Code  
10469-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : SA11AI.10932

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B. NEVA SHILLINGFORD**

Mailing Address 952 E 218TH STREET

City  
BRONX

State  
NY

Zip Code  
10469-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.10933

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C. NEVA SHILLINGFORD**

Mailing Address 952 E 218TH STREET

City  
BRONX

State  
NY

Zip Code  
10469-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

Transaction ID : SA11AI.11184

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

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

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

150.00



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

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for each category of the  
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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

## **A. CARMEN SHUM**

Mailing Address 734 59TH STREET  
APT. 1R

City State Zip Code  
BROOKLYN NY 11220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BETH ISRAEL MEDICAL CENTER

Occupation  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.65

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2012

Transaction ID : SA11AI.11186

Amount of Each Receipt this Period

43.33

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. CARMEN SHUM**

Mailing Address 734 59TH STREET  
APT. 1R

City State Zip Code  
BROOKLYN NY 11220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BETH ISRAEL MEDICAL CENTER

Occupation  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.98

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : SA11AI.11187

Amount of Each Receipt this Period

43.33

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. CARMEN SHUM**

Mailing Address 734 59TH STREET  
APT. 1R

City State Zip Code  
BROOKLYN NY 11220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BETH ISRAEL MEDICAL CENTER

Occupation  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.31

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.11188

Amount of Each Receipt this Period

43.33

PAYROLL DEDUCTION

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

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

129.99

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

## **A. CARMEN SHUM**

Mailing Address 734 59TH STREET  
APT. 1R

City State Zip Code  
BROOKLYN NY 11220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BETH ISRAEL MEDICAL CENTER

Occupation  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.64

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2012

Transaction ID : SA11AI.11189

Amount of Each Receipt this Period

43.33

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. SAMUEL SIERRA**

Mailing Address 1859 MADISON STREET  
APT. 3R

City State Zip Code  
RIDGEWOOD NY 11385

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LUTHERAN MEDICAL CENTER

Occupation  
SENIOR PATIENT SERVICE ASSOC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : SA11AI.10935

Amount of Each Receipt this Period

30.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

## **C. SAMUEL SIERRA**

Mailing Address 1859 MADISON STREET  
APT. 3R

City State Zip Code  
RIDGEWOOD NY 11385

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LUTHERAN MEDICAL CENTER

Occupation  
SENIOR PATIENT SERVICE ASSOC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.10936

Amount of Each Receipt this Period

45.00

Payroll Deduction

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

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

118.33

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

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

 FOR LINE NUMBER:  
 (check only one)

PAGE 51 OF 78

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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

**A. Rafael Suero**

Mailing Address 1484 WATSON AVE#1A

City	State	Zip Code
Bronx	NY	10472

FEC ID number of contributing federal political committee.

C

Name of Employer	Occupation
Bronx Jewish Community Council	UNKNOWN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : SA11AI.10951

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. ANA VAZQUEZ**

Mailing Address 1 ESSEX STREET

City	State	Zip Code
AMSTERDAM	NY	12010

FEC ID number of contributing federal political committee.

C

Name of Employer	Occupation
1199 SEIU	Organizer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

Transaction ID : SA11AI.10964

Amount of Each Receipt this Period

40.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C. ANA VAZQUEZ**

Mailing Address 1 ESSEX STREET

City	State	Zip Code
AMSTERDAM	NY	12010

FEC ID number of contributing federal political committee.

C

Name of Employer	Occupation
1199 SEIU	Organizer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : SA11AI.10965

Amount of Each Receipt this Period

40.00

Payroll Deduction

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

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

110.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. ANA VAZQUEZ**

Mailing Address 1 ESSEX STREET

City

AMSTERDAM

State

NY

Zip Code

12010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

Organizer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

Transaction ID : SA11AI.11195

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. TRACY WILLIAMS**

Mailing Address 329 WINTHROP STREET

City

BROOKLYN

State

NY

Zip Code

11225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REGAL HEIGHTS REHAB AND HEALTH

Occupation

UNKNOWN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : SA11AI.11198

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. TRACY WILLIAMS**

Mailing Address 329 WINTHROP STREET

City

BROOKLYN

State

NY

Zip Code

11225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REGAL HEIGHTS REHAB AND HEALTH

Occupation

UNKNOWN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.11199

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

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

130.00

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

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

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

FOR LINE NUMBER: PAGE 53 OF 78

(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

Full Name (Last, First, Middle Initial)

**A. TRACY WILLIAMS**

Mailing Address 329 WINTHROP STREET

City State Zip Code  
BROOKLYN NY 11225

FEC ID number of contributing federal political committee.

C

Name of Employer

REGAL HEIGHTS REHAB AND HEALTH

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2012

Transaction ID : SA11AI.11200

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. BENICIA WILLIAMS-DELACRUZ**Mailing Address 747 MCDONOUGH STREET  
1B

City State Zip Code  
BROOKLYN NY 11233

FEC ID number of contributing federal political committee.

C

Name of Employer

1199 SEIU

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2012

Transaction ID : SA11AI.10976

Amount of Each Receipt this Period

30.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C. BENICIA WILLIAMS-DELACRUZ**Mailing Address 747 MCDONOUGH STREET  
1B

City State Zip Code  
BROOKLYN NY 11233

FEC ID number of contributing federal political committee.

C

Name of Employer

1199 SEIU

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 31 2012

Transaction ID : SA11AI.10977

Amount of Each Receipt this Period

30.00

Payroll Deduction

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

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

80.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 54 OF 78

☒ 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**

Full Name (Last, First, Middle Initial)

**A. JEREMY WINFRED**

Mailing Address 82 ROSLYN STREET

City

ROCHESTER

State

NY

Zip Code

14619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STRONG MEMORIAL HOSPITAL

Occupation

ENVIRONMENTAL SVC. WORKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA11AI.11202

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. JEREMY WINFRED**

Mailing Address 82 ROSLYN STREET

City

ROCHESTER

State

NY

Zip Code

14619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STRONG MEMORIAL HOSPITAL

Occupation

ENVIRONMENTAL SVC. WORKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

Transaction ID : SA11AI.11203

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

80.00

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

7303.64

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 55 OF 78

☐ 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**

Full Name (Last, First, Middle Initial)

## **A. TD BANK**

Mailing Address 1710 ROUTE 70 EAST

City State Zip Code  
CHERRY HILL NJ 08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1178.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : SA17.10996

Amount of Each Receipt this Period

205.59

INTEREST INCOME

Full Name (Last, First, Middle Initial)

## **B. TD BANK**

Mailing Address 1710 ROUTE 70 EAST

City State Zip Code  
CHERRY HILL NJ 08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1423.73

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2012

Transaction ID : SA17.10997

Amount of Each Receipt this Period

245.63

INTEREST INCOME

Full Name (Last, First, Middle Initial)

## **C. TD BANK**

Mailing Address 1710 ROUTE 70 EAST

City State Zip Code  
CHERRY HILL NJ 08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1581.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA17.10998

Amount of Each Receipt this Period

157.79

INTEREST INCOME

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

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

609.01

609.01

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

PAGE 56 OF 78

<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

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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.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

Mailing Address 275 MADISON AVENUE  
SUITE 902

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement  
ACCOUNTING FEES

Candidate Name

Category/  
Type**Transaction ID : SB21B.11015**

Amount of Each Disbursement this Period

1515.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1515.00
1515.00



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

PAGE 57 OF 78

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. SEIU COPE FUND**

Mailing Address 1313 L STREET, NW

City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2012

**Transaction ID : SB22.11021**

Amount of Each Disbursement this Period

1600000.00
------------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1600000.00
------------

1600000.00
------------

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

PAGE 58 OF 78

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

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NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. SOUTH FLORIDIANS FOR EFFECTIVE LEADERSHIP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2012

Mailing Address 4644 W. GANDY BLVD. STE 4-101

City	State	Zip Code
TAMPA	FL	33611

**Transaction ID : SB23.11010**Purpose of Disbursement  
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

15000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

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

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

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

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

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

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

15000.00

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

15000.00

	21b		22		23		24		25		26
	27		28a		28b		28c	X	29		30b

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

#### A. 1199 CREDIT UNION

Category/  
Type

250.00

State:  District:

**B. 1199 MASSACHUSETTS POLITICAL ACTION COMMITTEE**

Category/  
Type

66.50

State:  District:

**C. 1199 MASSACHUSETTS POLITICAL ACTION COMMITTEE**

Category/  
Type

128.00

State:  District:

444.50

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A. 1199 SEIU DUES ACCOUNT**

Date of Disbursement

Transaction ID : SB29.11000

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

352.92

**B. 1199 SEIU DUES ACCOUNT**

Date of Disbursement

07 / 24 / 2012

Transaction ID : SB29.11001

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

37.50

**C. 1199 SEIU DUES ACCOUNT**

Date of Disbursement

Transaction ID : SB29.11006

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

144.41

**SUBTOTAL** of Disbursements This Page (optional).....

534.83

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

[illegible]

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A. 1199 SEIU MASSACHUSETTS PAC**

Three date pickers are shown, each with a label above it: "MM", "DD", and "YYYY". The first picker shows "09", the second shows "04", and the third shows "2012".

Category/  
Type

22.60

State:  District:

Full Name (Last, First, Middle Initial)

**B. 1199 SEIU NYS POLITICAL ACTION FUND**

MM / DD / YYYY

Category/  
Type

Transaction ID : SB29.11011

5.00

State:  District:

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

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

27.60

1006.93

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

PAGE 62 OF 78

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

NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

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

**1199 SEIU UNITED HEALTHCARE WORKERS EAST**

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND  
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

8091.98

Transaction ID : SD10.6240

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8091.98

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

**1199 SEIU UNITED HEALTHCARE WORKERS EAST**

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND  
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

65588.32

Transaction ID : SD10.6241

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

65588.32

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

**1199 SEIU UNITED HEALTHCARE WORKERS EAST**

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND  
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

14545.49

Transaction ID : SD10.6242

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14545.49

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

88225.79

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

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

PAGE 63 OF 78

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

NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

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

**1199 SEIU UNITED HEALTHCARE WORKERS EAST**

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND  
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

3157.42

Transaction ID : SD10.6243

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3157.42

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

**1199 SEIU UNITED HEALTHCARE WORKERS EAST**

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND  
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

56833.56

Transaction ID : SD10.6244

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

56833.56

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

**1199 SEIU UNITED HEALTHCARE WORKERS EAST**

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND  
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

82522.06

Transaction ID : SD10.6245

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

82522.06

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

142513.04

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

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

PAGE 64 OF 78

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

NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

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

**1199 SEIU UNITED HEALTHCARE WORKERS EAST**

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND  
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

78033.76

Transaction ID : SD10.6246

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

78033.76

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

**1199 SEIU UNITED HEALTHCARE WORKERS EAST**

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND  
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

2812.96

Transaction ID : SD10.6247

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2812.96

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

**1199 SEIU UNITED HEALTHCARE WORKERS EAST**

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND  
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

5095.64

Transaction ID : SD10.6248

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5095.64

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

85942.36

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



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

PAGE 65 OF 78

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

NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

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

**1199 SEIU UNITED HEALTHCARE WORKERS EAST**

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND  
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

12962.04

Transaction ID : SD10.6249

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12962.04

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

**1199 SEIU UNITED HEALTHCARE WORKERS EAST**

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND  
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

10997.70

Transaction ID : SD10.6284

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10997.70

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

**1199 SEIU UNITED HEALTHCARE WORKERS EAST**

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND  
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

7231.75

Transaction ID : SD10.6285

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7231.75

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

31191.49

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

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

PAGE 66 OF 78

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

NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

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

**1199 SEIU UNITED HEALTHCARE WORKERS EAST**

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND  
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

3434.67

Transaction ID : SD10.6286

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3434.67

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

**1199 SEIU UNITED HEALTHCARE WORKERS EAST**

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND  
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

16789.92

Transaction ID : SD10.6287

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16789.92

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

**1199 SEIU UNITED HEALTHCARE WORKERS EAST**

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND  
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

9286.03

Transaction ID : SD10.6288

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9286.03

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

29510.62

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

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

PAGE 67 OF 78

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

NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

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

**1199 SEIU UNITED HEALTHCARE WORKERS EAST**

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND  
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.11208

Amount Incurred This Period

13004.52

Payment This Period

0.00

Outstanding Balance at Close of This Period

13004.52

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

**1199 SEIU UNITED HEALTHCARE WORKERS EAST**

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND  
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.11209

Amount Incurred This Period

20006.45

Payment This Period

0.00

Outstanding Balance at Close of This Period

20006.45

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

**1199 SEIU UNITED HEALTHCARE WORKERS EAST**

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND  
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.11206

Amount Incurred This Period

18904.21

Payment This Period

0.00

Outstanding Balance at Close of This Period

18904.21

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

51915.18

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

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

PAGE 68 OF 78

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND  
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.11207

Amount Incurred This Period

188588.83

Payment This Period

0.00

Outstanding Balance at Close of This Period

188588.83

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

AMERICAN EXPRESS

Nature of Debt (Purpose):

CATERING

Mailing Address P.O. BOX 2855

City State

Zip Code

NEW YORK

NY

10116-2855

Outstanding Balance Beginning This Period

240.00

Transaction ID : SD10.6289

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

240.00

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

AVIS RENT A CAR SYSTEM, INC.

Nature of Debt (Purpose):

TRAVEL EXPENSES

Mailing Address 7876 COLLECTIONS CTR DRIVE

City  
CHICAGOState  
ILZip Code  
60693

Outstanding Balance Beginning This Period

1156.12

Transaction ID : SD10.6540

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1156.12

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

189984.95

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

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

PAGE 69 OF 78

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

NAME OF COMMITTEE (In Full)

**1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

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

**JENNY BAUER**

Nature of Debt (Purpose):

**REIMBURSEMENT FOR CATERING  
EXPENSES**

Mailing Address 2 WILCOTT PARK

City State

Zip Code

MEDFORD

MA

02155

Outstanding Balance Beginning This Period

43.65

Transaction ID : SD10.6541

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

43.65

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

**LILLIAN CARINO**

Nature of Debt (Purpose):

**REIMBURSEMENT FOR TRAVEL  
EXPENSES**

Mailing Address 327 SAINT NICHOLAS AVENUE

APT. 2N

City State

Zip Code

NEW YORK

NY

10027-3609

Outstanding Balance Beginning This Period

45.00

Transaction ID : SD10.6508

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.00

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

**MACK CROUNSE GROUP**

Nature of Debt (Purpose):

**MAILINGS**

Mailing Address 2001 N. BEAUREGARD ST., STE 420

City

State

Zip Code

ALEXANDRIA

VA

22311

Outstanding Balance Beginning This Period

1606.34

Transaction ID : SD10.8322

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1606.34

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

1694.99

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

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

**MACK CROUNSE GROUP**Nature of Debt (Purpose):  
MAILINGS

Mailing Address 2001 N. BEAUREGARD ST., STE 420

City State

ALEXANDRIA

Zip Code

VA 22311

Outstanding Balance Beginning This Period

1606.34

Transaction ID : SD10.8323

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1606.34

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

**NOVAK MEDIA INC.**

Nature of Debt (Purpose):

RADIO BUY &amp; PRODUCTION

Mailing Address 159 WEST MAIN STREET

City State

WEBSTER

Zip Code

NY 14580

Outstanding Balance Beginning This Period

18850.00

Transaction ID : SD10.7361

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18850.00

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

**ANTONELLA PECHTEL**

Nature of Debt (Purpose):

REIMBURSEMENT CATERING EXPENSE

Mailing Address 401 ROSE AVE

City State Zip Code

SCHENECTADY

NY

12308

Outstanding Balance Beginning This Period

201.39

Transaction ID : SD10.6531

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

201.39

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

20657.73

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

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

PAGE 71 OF 78

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

SEIU COMMUNICATIONS CENTER LLC.

Nature of Debt (Purpose):  
ROBO CALLS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

4372.06

Transaction ID : SD10.7362

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4372.06

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

SEIU COMMUNICATIONS CENTER LLC.

Nature of Debt (Purpose):  
PHONE BANK CALLS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

22157.25

Transaction ID : SD10.8325

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

22157.25

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

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):  
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City

State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

1897.47

Transaction ID : SD10.6517

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1897.47

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

28426.78

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

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

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

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):  
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

1849.15

Transaction ID : SD10.6518

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1849.15

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

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):  
BEVERAGE EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

835.02

Transaction ID : SD10.6519

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

835.02

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

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City

State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

435.95

Transaction ID : SD10.6520

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

435.95

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

3120.12

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

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

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



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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

1056.95

Transaction ID : SD10.6521

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1056.95

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

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):  
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

2372.04

Transaction ID : SD10.6522

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2372.04

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

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City

State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

367.37

Transaction ID : SD10.6533

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

367.37

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

3796.36

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

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

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

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

262.40

Transaction ID : SD10.6535

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

262.40

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

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):  
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

477.00

Transaction ID : SD10.6536

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

477.00

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

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City

State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

524.80

Transaction ID : SD10.6537

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

524.80

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

1264.20

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

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

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

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

PAGE 75 OF 78

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):  
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

1115.00

Transaction ID : SD10.6538

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1115.00

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

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

419.84

Transaction ID : SD10.6539

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

419.84

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

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):  
TRANSPORTATION COSTS

Mailing Address P.O. BOX 88000

City

State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

539.45

Transaction ID : SD10.6545

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

539.45

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

2074.29

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

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):  
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

2552.60

Transaction ID : SD10.6546

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2552.60

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

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):  
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

3224.16

Transaction ID : SD10.6548

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3224.16

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

5776.76

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

686094.66

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

0.00

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

686094.66

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

 PAGE 77 OF 78  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00348540
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>1199 SEIU UNITED HEALTHCARE WORKERS EAST</b> [MEMO ITEM]		Date MM / DD / YYYY 08 / 08 / 2012	
Mailing Address 330 WEST 42ND STREET		Amount 13004.52	
City NEW YORK	State NY	Zip Code 10036	Transaction ID : SE.10719
Purpose of Expenditure REIMBURSE STAFF SALARIES AND BENEFITS		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>1199 SEIU UNITED HEALTHCARE WORKERS EAST</b> [MEMO ITEM]		Date MM / DD / YYYY 08 / 08 / 2012	
Mailing Address 330 WEST 42ND STREET		Amount 20006.45	
City NEW YORK	State NY	Zip Code 10036	Transaction ID : SE.10721
Purpose of Expenditure REIMBURSE STAFF SALARIES AND BENEFITS		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEVIN FINNEGAN

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
12 / 05 / 2012

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

 PAGE 78 OF 78  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00348540       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>1199 SEIU UNITED HEALTHCARE WORKERS EAST</b> <b>[MEMO ITEM]</b> Mailing Address 330 WEST 42ND STREET <hr/> <table style="width:100%;"> <tr> <td style="width:33%;">City NEW YORK</td> <td style="width:33%;">State NY</td> <td style="width:33%;">Zip Code 10036</td> </tr> </table>		City NEW YORK	State NY	Zip Code 10036	Date <div style="border: 1px solid black; padding: 2px;">           M M / D D / Y Y Y Y Y Y            09 / 12 / 2012         </div> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18904.21</div>
City NEW YORK	State NY	Zip Code 10036			
Purpose of Expenditure REIMBURSE STAFF SALARIES AND BENEFITS	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶			
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">31908.73</span>					

Transaction ID : SE.10741

Full Name (Last, First, Middle Initial) of Payee <b>1199 SEIU UNITED HEALTHCARE WORKERS EAST</b> <b>[MEMO ITEM]</b> Mailing Address 330 WEST 42ND STREET <hr/> <table style="width:100%;"> <tr> <td style="width:33%;">City NEW YORK</td> <td style="width:33%;">State NY</td> <td style="width:33%;">Zip Code 10036</td> </tr> </table>		City NEW YORK	State NY	Zip Code 10036	Date <div style="border: 1px solid black; padding: 2px;">           M M / D D / Y Y Y Y Y Y            09 / 12 / 2012         </div> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">188588.83</div>
City NEW YORK	State NY	Zip Code 10036			
Purpose of Expenditure REIMBURSE STAFF SALARIES AND BENEFITS	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶			
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">208595.28</span>					

Transaction ID : SE.10743

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEVIN FINNEGAN

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2012