Image# 13962856407 PAGE 1 / 38

### **FEC** FORM 3X

### **REPORT OF RECEIPTS** AND DISBURSEMENTS For Other Than An Authorized Committee

(Choose One)  Report Due On:  Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12 (Non-Election Year Only)  Dec 20 (M12 (Non-Election Year Only)  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  Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M10)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  Report (Non-Election Year Only)  PRE-Election Report for the:  Convention (12C)  X Special (12S)  in the State of MA  MA  (d) 30-Day	rom ox	or Other Than An A	Authorized Con	millee		Office Use Only			
ADDRESS (number and street)  Chack if different than previously reported. (ACC)  Chack if different than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER ▼  C C 000348540  3. IS THIS REPORT (N) OR AMENDED (A)  4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15  Quarterly Report (Q1)  July 15  Quarterly Report (Q1)  July 15  Quarterly Report (Q2)  Coctober 15  Quarterly Report (Q3)  January 31  Year-End Report (YE)  July 31 Mid-Year Report (PE)  July 15 Content		TYPE OR PRINT ▼			12FE4M5				
C Co0348540  3. IS THIS REPORT (N) OR AMENDED  4. TYPE OF REPORT (Choose One)  (a) Quarterly Report (C)  Quarterly Report (C2)  Quarterly Report (C3)  January 31  Quarterly Report (Non-Besiden Report (VE)  July 31 Mid-Year  Report (Non-Besiden Report (VE)  July 31 Mid-Year  Report (Non-Besiden Report (VE)  General (12C)  Quarterly Report (Ne)  Report (Non-Besiden Report (VE)  General (12C)  Quarterly Report (Non-Besiden Report (VE)  General (12C)  Quarterly Report (Non-Besiden Report (VE)  General (12C)  Quarterly Report (Non-Besiden Report (VE)  General (30G)  Report (Non-Besiden Report (NE)  Filed)  General (30G)  Runoff (30R)  Special (30S)  Special (30S)  Report (Non-Besiden Report (Ne)  Filed)  General (30G)  Runoff (30R)  Special (30S)  General (30G)  Runoff (30R)  Special (30S)  Runoff (30R)  Runoff (30R)  Special (30S)  Runoff (30R)  Special (30S)  Runoff (30R)  Runoff (30R)  Runoff (30R)  Runoff (30R)  Runoff (30R)  Runoff (30R)  Runoff	1199 SERVICE EMPLO	YEES INT'L UN	ION FEDERAL	POLITICAL	ACTION F	FUND			
C Co0348540  3. IS THIS REPORT (N) OR AMENDED  4. TYPE OF REPORT (Choose One)  (a) Quarterly Report (C)  Quarterly Report (C2)  Quarterly Report (C3)  January 31  Quarterly Report (Non-Besiden Report (VE)  July 31 Mid-Year  Report (Non-Besiden Report (VE)  July 31 Mid-Year  Report (Non-Besiden Report (VE)  General (12C)  Quarterly Report (Ne)  Report (Non-Besiden Report (VE)  General (12C)  Quarterly Report (Non-Besiden Report (VE)  General (12C)  Quarterly Report (Non-Besiden Report (VE)  General (12C)  Quarterly Report (Non-Besiden Report (VE)  General (30G)  Report (Non-Besiden Report (NE)  Filed)  General (30G)  Runoff (30R)  Special (30S)  Special (30S)  Report (Non-Besiden Report (Ne)  Filed)  General (30G)  Runoff (30R)  Special (30S)  General (30G)  Runoff (30R)  Special (30S)  Runoff (30R)  Runoff (30R)  Special (30S)  Runoff (30R)  Special (30S)  Runoff (30R)  Runoff (30R)  Runoff (30R)  Runoff (30R)  Runoff (30R)  Runoff (30R)  Runoff									
than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER V  C C C00348540  3. IS THIS REPORT X NEW OR AMENDED (A)  4. TYPE OF REPORT (D) Monthly Report (Choose One)  (a) Quarterly Report (C1)  July 15  Quarterly Report (Q1)  July 15  Quarterly Report (Q2)  October 15  Quarterly Report (Q3)  January 31  Year-End Report (Q5)  July 31 Mid-Year Report (Non-election Year Only)  Termination Report (TER)  Termination Report (TER)  Termination Report (PS)  C Covering Period  Q4  Termination Report (Tex)  Q5  C Covering Period  Q4  Termination Report (Tex)  Q6  Q7  Q7  Q8  Q8  Q8  Q8  Q8  Q8  Q8  Q8	ADDRESS (number and street)	330 WEST 42ND STRE	EET, 7TH FLOOR						
than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER V  C C C00348540  3. IS THIS REPORT X NEW OR AMENDED (A)  4. TYPE OF REPORT (D) Monthly Report (Choose One)  (a) Quarterly Report (C1)  July 15  Quarterly Report (Q1)  July 15  Quarterly Report (Q2)  October 15  Quarterly Report (Q3)  January 31  Year-End Report (Q5)  July 31 Mid-Year Report (Non-election Year Only)  Termination Report (TER)  Termination Report (TER)  Termination Report (PS)  C Covering Period  Q4  Termination Report (Tex)  Q5  C Covering Period  Q4  Termination Report (Tex)  Q6  Q7  Q7  Q8  Q8  Q8  Q8  Q8  Q8  Q8  Q8	Check if different								
A. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) Temination Report (Q2) April 15 Quarterly Report (Q2) Quarterly Report (Q3) Temination Report (Q2) April 15 Quarterly Report (Q3) Temination Report (Q2) April Q4 April Q5 April Q6 April Q7 April Q6 April Q7 April Q8 AmenDeD Aug 20 (M8) Aug 20 (M8) Aug 20 (M8) Aug 20 (M8) April Q8 Ap	than previously	NEW YORK			NY	10036			
4. TYPE OF REPORT (Do. Sep 20 (M2)	2. FEC IDENTIFICATION NU	MBER ▼	CITY A		STATE 🛦	ZIP CODE ▲			
(Choose One)  (a) Cuarterly Reports:  April 15  Quarterly Report (Q1)  July 15  Quarterly Report (Q2)  October 15  Quarterly Report (YE)  July 31 Mid-Year Report (YE)  July 31 Mid-Year Report (Non-Election Vair Only)  Primary (12P)  General (12G)  Report for the:  Convention (12C)  X Special (12S)  Counterly Report (Q2)  Quarterly Report (YE)  July 31 Mid-Year Report (Non-Election Vair Only)  PRE-Election Report (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  PRE-Election Report for the:  Convention (12C)  X Special (12S)  Election on  O6 25 2013  State of  MA  30-Day  POST-Election Report for the:  Election on  Election on  Termination Report (TER)  Fee 20 (M2)  April 15  Quarterly Report (Q2)  PRE-Election Report for the:  Convention (12C)  X Special (12S)  (d) 30-Day  POST-Election Report for the:  Election on  Fee 20 (M3)  July 21 Mid-Year Report (MA)  Termination Report (TER)  Terminati	C C00348540	3							
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (YE) Quarterly Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)  Termination Report (TER)  Termination Report (TER)  Total I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  KEVIN FINNEGAN  April 15 Quarterly Report (Q1) Quarterly Report (Q2) Cotober 15 Quarterly Report (Q2) Report (Name of Treasurer  April 20 (M4) Jul 20 (M7) Qct 20 (M10) Jan 31 (YE) Report (12R)  Report (12R)  Report (Non-election Name of Teasurer  April 20 (M3) PRE-Election Report (12C) X Special (12S)  Special (12S)  General (12G) Runoff (12R)  Runoff (12R)  Special (12S)  Speci	(Choose One)	Report	` ,			20 (M9) Dec 20 (M12 (Non-Election Year Only)			
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)  Covering Period  April 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) Report (Non-election Year Only) (MY) Termination Report (TER)  Covering Period  April 15 Quarterly Report (Q2) PRE-Election Report for the:  Convention (12C)  X Special (12S)  Election on  6	(a) Quarterly neports.		Apr 20 (M4)	Jul 20 (M7)	Oct				
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) POST-Election General (30G) Report for the:    General (12G)		1) (3) 13 7							
October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) POST-Election Report for the:  Election on  General (30G) Runoff (30R) Special (30S) Runoff (30R) Special (30S) Report for the:  Election on  Elec	July 15	PRE-Election			-				
January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)  Date  May  Post-Election Report for the:  Election on  General (30G) Runoff (30R) Special (30S) Report for the:  Election on  General (30G) Runoff (30R) Special (30S) Report for the:  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  [Electronically Filed]  Date  FEC FORM 3X Rev. 12/2004		·		, ,		,			
Report (Non-election Year Only) (MY)  POST-Election Report (TER)  Report for the:  Election on		<u></u>	0.0						
Termination Report (TER)  Election on  Election on  Election on  Election on  Election on  In the State of  State of  Covering Period  O4	Report (Non-election	POST-Election		I (30G)	Runoff (3	SOR) Special (30S)			
5. Covering Period 04 11 2013 through 06 05 2013  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  [Electronically Filed] Date 06 13 2013  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 FEC FORM 3X  Rev. 12/2004		·	М	M / D = D /	Y = Y = Y = Y				
Type or Print Name of Treasurer KEVIN FINNEGAN  [Electronically Filed] Date Office Use FICE FORM 3X  Rev. 12/2004				ugh 06					
Type or Print Name of Treasurer KEVIN FINNEGAN  [Electronically Filed] Date Office Use FICE FORM 3X  Rev. 12/2004	I certify that I have examined this	Report and to the bea	st of my knowledge	and belief it is tru	ue, correct and	d complete.			
Signature of Treasurer    KEVIN FINNEGAN   [Electronically Filed]   Date   06   13   2013	•								
Office Use FEC FORM 3X Rev. 12/2004	Signature of Treasurer KEVIN	I FINNEGAN	[Electro	nically Filed]		The second secon			
Use Use Rev. 12/2004	NOTE: Submission of false, erroned	ous, or incomplete inform	nation may subject th	e person signing th	nis Report to th	ne penalties of 2 U.S.C. §437g.			
	Use								

### 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

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
i. (a)	Cash on Hand January 1, 2013		426092.92
` '	Cash on Hand at Beginning of Reporting Period	1338848.57	
(c)	Total Receipts (from Line 19)	1108552.79	3150394.40
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2447401.36	3576487.32
. Tota	Disbursements (from Line 31)	432843.94	1561929.90
Rep	on Hand at Close of orting Period tract Line 7 from Line 6(d))	2014557.42	2014557.42
the	s and Obligations Owed <b>TO</b> Committee (Itemize all on edule C and/or Schedule D)	0.00	
the	cs and Obligations Owed BY Committee (Itemize all on edule C and/or Schedule D)	746057.04	

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)

Write or Type Committee Name

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
1. Contributions (other than loans) From:	10.00 1.000	Culonida Todi to Bato				
(a) Individuals/Persons Other						
Than Political Committees	4040.00	4520.00				
(i) Itemized (use Schedule A)	1010.00	1528.00				
(ii) Unitemized	1107248.72	3148287.01				
(iii) TOTAL (add	7, 7, 11, 12, 12, 12, 12, 12, 12, 12, 12, 12					
Lines 11(a)(i) and (ii)▶	1108258.72	3149815.01				
(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)▶	1108258.72	3149815.01				
Transfers From Affiliated/Other		0.00				
Party Committees	0.00	0.00				
3. All Loans Received	0.00	0.00				
3. All Loans Neceiveu	7					
4. Loan Repayments Received	0.00	0.00				
5. Offsets To Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,					
(Refunds, Rebates, etc.)	000					
(Carry Totals to Line 37, page 5)	0.00	0.00				
6. Refunds of Contributions Made						
to Federal Candidates and Other	0.00	0.00				
Political Committees	0.00	0.00				
(Dividends, Interest, etc.)	294.07	579.39				
8. Transfers from Non-Federal and Levin Funds	201.01	7 7				
(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				
O. Total Pagaints (add Lines 11(d)						
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	1108552.79	3150394.40				
0. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	1108552.79	3150394.40				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	II. Disbursements COLUMN A Total This Period					
. Operating Expenditures:  (a) Allocated Federal/Non-Federal	rotal fillo i criou	Calendar Year-to-Date				
Activity (from Schedule H4)						
(i) Federal Share	0.00	0.00				
	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating Expenditures	4770.00	7035.00				
(c) Total Operating Expenditures	7	7				
(add 21(a)(i), (a)(ii), and (b))▶	4770.00	7035.00				
Transfers to Affiliated/Other Party						
CommitteesContributions to	500000.00	1500000.00				
Federal Candidates/Committees	-100000.00	-100000.00				
and Other Political Committees	10000.00	-10000.00				
(use Schedule E)	0.00	123814.71				
Coordinated Party Expenditures	7					
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
	2.22					
Loan Repayments Made	0.00	0.00				
Loans Made	0.00	0.00				
Refunds of Contributions To:						
(a) Individuals/Persons Other Than Political Committees	120.00	1285.40				
F						
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees	0.00	0.00				
(such as PACs)	0.00	7				
(d) Total Contribution Refunds						
(add Lines 28(a), (b), and (c))▶	120.00	1285.40				
_						
Other Disbursements	27953.94	29794.79				
Federal Election Activity (2 U.S.C. §431(20))						
(a) Allocated Federal Election Activity						
(from Schedule H6)						
(i) Federal Share	0.00	0.00				
(1) W 1 1 0	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	7					
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00				
		,				
Total Disbursements (add Lines 21(c), 22,	*********					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	432843.94	1561929.90				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	432843.94	1561929.90				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1108258.72	3149815.01		
4. Total Contribution Refunds (from Line 28(d))	120.00	1285.40		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1108138.72	3148529.61		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	4770.00	7035.00		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
8. Net Operating Expenditures (subtract Line 37 from Line 36)	4770.00	7035.00		

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

FC	FOR LINE NUMBER:					PAGE	6	OF	38
(check only one)									
	X	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) MITRA BEHROOZI Date of Receipt Mailing Address 123 LINCOLN PLACE 04 30 2013 City State Zip Code Transaction ID: SA11AI.12224 NY **BROOKLYN** 11217 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. PAYROLL DEDUCTION Name of Employer Occupation National Benefit Fund-1199 **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** MITRA BEHROOZI Date of Receipt Mailing Address 123 LINCOLN PLACE 05 31 2013 City State Zip Code Transaction ID: SA11AI.12225 **BROOKLYN** NY 11217 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. PAYROLL DEDUCTION Name of Employer Occupation National Benefit Fund-1199 **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. LAWRENCE BROOKS Date of Receipt Mailing Address 730 PARK AVENUE 30 04 2013 City State Zip Code Transaction ID: SA11AI.12228 NY **SYRACUSE** 13204 Amount of Each Receipt this Period FEC ID number of contributing 90.00 С federal political committee. PAYROLL DEDUCTION Name of Employer Occupation 1199 SEIU Organizer Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 390.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

FOR LINE NUMBER:					PAGE	7	OF	38
(check only one)								
X	11a		11b		11c	12	!	
	13		14		15	16	;	17

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	NT'L UNION FEDERAL POLITICA	AL ACTION FUND
Α.	Full Name (Last, First, Middle Initial) LAWRENCE BROOKS Mailing Addrson 700 DARK AVENUE		Date of Receipt
	Mailing Address 730 PARK AVENUE  City	State Zip Code	05 31 2013 Transaction ID : SA11Al.12229
	SYRACUSE	NY 13204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	90.00
	Name of Employer 1199 SEIU	Occupation Organizer	PAYROLL DEDUCTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
В.	Full Name (Last, First, Middle Initial)  James Frazier		Date of Receipt
	Mailing Address 355 Clinton Avenue Apt. 2G  City	State Zip Code	04 30 2013
	Brooklyn	NY 11238	Transaction ID : SA11AI.12231  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer St Vincent De Paul Residence	Occupation Organizer	PAYROLL DEDUCTION
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
<u> </u>	Full Name (Last, First, Middle Initial)  James Frazier		Date of Receipt
	Mailing Address 355 Clinton Avenue Apt. 2G		05 31 2013
	City Brooklyn	State Zip Code NY 11238	Transaction ID : SA11AI.12232  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	50.00
	Name of Employer	Occupation	PAYROLL DEDUCTION
	St Vincent De Paul Residence Receipt For:	Organizer	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
s	UBTOTAL of Receipts This Page (optional)		190.00
т	OTAL This Period (last page this line number o	nnlv)	

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

FOR LINE NUMBER:					PAGE	8	OF	38
(check only one)								
X	11a		11b		11c	12		
	13		14		15	16	;	17

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.				
$\rangle$	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES II	NT'L UNION FEDERAL POLITICA	AL ACTION FUND				
Α.	Full Name (Last, First, Middle Initial) Heather Levy-Williams		Date of Receipt				
	Mailing Address 114 Frederick Avenue		05 31 2013				
	City	State Zip Code	Transaction ID : SA11AI.12235				
	Roosevelt	NY 11575	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	10.00				
	Name of Employer	Occupation	PAYROLL DEDUCTION				
	Cold Spring Hills Center	Nurse					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00					
В.	Full Name (Last, First, Middle Initial) Betsy Marville		Date of Receipt				
	Mailing Address 9914 62nd Ter S Apt B		04 30 2013				
	City	State Zip Code	Transaction ID : SA11AI.12237				
	Boynton Beach	FL 33437-2871	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	100.00				
	Name of Employer 1199 SEIU	Occupation ORGANIZER	PAYROLL DEDUCTION				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
<u> </u>	Full Name (Last, First, Middle Initial)  Betsy Marville		Date of Receipt				
	Mailing Address 9914 62nd Ter S Apt B		05 31 2013				
	City	State Zip Code	Transaction ID : SA11AI.12238				
	Boynton Beach	FL 33437-2871	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	100.00				
	Name of Employer	Occupation	PAYROLL DEDUCTION				
	1199 SEIU	ORGANIZER					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General	Aggregate real to bate \$					
	Other (specify) ▼	400.00					
S	SUBTOTAL of Receipts This Page (optional)		210.00				
Т	OTAL This Period (last page this line number	only)					

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

FOR LINE NUMBER:					PAGE	9	OF		38
(check only one)									
×	11a		11b		11c	12			
	13		14		15	16	,		17

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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 EMPLOY	YEES INT'L UNION FEDERAL POLITIC	CAL ACTION FUND
Full Name (Last, First, Middle Initial)  A. Oluremi Olalekan		Date of Receipt
Mailing Address 591 Osborn Street  Apt. 1  City	State Zip Code	05 31 2013 Transaction ID : SA11Al.12241
Brooklyn	NY 11212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	PAYROLL DEDUCTION
Premiere	Home Health Aide	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  280.00	
Full Name (Last, First, Middle Initial)  B. MONICA RUSSO		Date of Receipt
Mailing Address 11 NW 154TH STRE	EET	05 31 2013
City	State Zip Code	Transaction ID : SA11AI.12243
MIAMI	FL 33169	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer	Occupation	PAYROLL DEDUCTION
1199 SEIU	Executive Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  262.00	
Full Name (Last, First, Middle Initial)  C. RICHARD SCHERB		Date of Receipt
Mailing Address 1163 LAKE AVENU	E	05 31 2013
City	State Zip Code	Transaction ID : SA11AI.12245
CLARK	NJ 07066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	PAYROLL DEDUCTION
LUTHERAN MEDICAL CENTER	PARAMEDIC	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General	Aggregate real to bate v	
Other (specify) ▼	225.00	
SUBTOTAL of Receipts This Page (op	otional)	220.00
TOTAL This Period (last page this line	e number only)	1010.00

	F	FOR LINE NUMBER: PAGE 10 OF 38								38	
Use separate schedule(s) for each category of the	(0	che	ck only	or	ne)						
Detailed Summary Page			11a		11b		11c		12		
, c			13		14		15		16	X	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 I	NT'L UNION FEDERAL POLITICA	AL ACTION FUND						
Α.	Full Name (Last, First, Middle Initial) TD BANK  Mailing Address 1710 ROUTE 70 EAST		Date of Receipt  04 30 2013						
	City CHERRY HILL	State Zip Code NJ 08034	Transaction ID : SA17.12222  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.  Name of Employer	Occupation	126.15 INTEREST INCOME						
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 411.47							
В.	TD BANK  Mailing Address 1710 ROUTE 70 EAST		Date of Receipt  05 31 _2013 _						
	City CHERRY HILL	State Zip Code NJ 08034	Transaction ID : SA17.12223  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С	167.92						
	Name of Employer	Occupation	INTEREST INCOME						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 579.39							
<del>С</del> .	Full Name (Last, First, Middle Initial)		Date of Receipt						
	Mailing Address		M = M / D = D / Y = Y = Y						
	City	State Zip Code	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С							
	Name of Employer	Occupation							
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼							
s	SUBTOTAL of Receipts This Page (optional)	<b>•</b>	294.07						
Г	OTAL This Period (last page this line number	only)	294.07						

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S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE			11	OF 38	_						
	EMIZED DISBURSEMENTS	Use separate schedule(s)		(check only			_			Ŀ			J. 30	_
		for each category of the Detailed Summary Page		X	21b 27	22 28	L	23 28b	. [	24 28		25 29	26	
	ly information copied from such Reports and Statem for commercial purposes, other than using the nam													
	NAME OF COMMITTEE (In Full)													_
	1199 SERVICE EMPLOYEES INT	L UNION FEDERAL	PO	LI	TIC	AL A	CTI	ON F	=U	IND				
٨	Full Name (Last, First, Middle Initial)					Date	of I	Disburs	om	ant				
Λ.	HOROWITZ & ULLMANN, P.C.						M		D D	_	Y	YYY	Y	
	Mailing Address 275 MADISON AVENUE SUITE 902					(	)4		22			2013		
	City S NEW YORK	State Zip Code NY 10016				Tra	ansa	ction I	D:	SB21	B.122	216		
	Purpose of Disbursement	10010	_	-	_									
	ACCOUNTING FEES		L.			Amo	unt	of Eacl	n D	isburs	emer	nt this	Period	
	Candidate Name		Cate Ty	egor /pe	ry/			,				477	0.00	
	Office Sought: House Disbursen Senate	nent For: Primary General												
	State: District:	Other (specify) ▼												
_	Full Name (Last, First, Middle Initial)													_
В.	( ,							Disburs		_				
	Mailing Address		M = M			/ D	" D	/	Y	Y	Y			
	City	State Zip Code												
	Purpose of Disbursement		-	-	$\neg$	Amo	ount o	of Faci	n D	isburs	semer	nt this	Period	
	Candidate Name		Cate		y/		, and	J. Euo.		10001			Tonou	
	Office Sought: House Disbursen	nent For:	Ту	/pe				7			_			
	Senate	Primary General Other (specify) ▼												
	State: District:	Other (specify)												
_	Full Name (Last, First, Middle Initial)													_
C.							-	Disburs						
	Mailing Address					М	M	/ D	" D	/	Y	Y	Y	
	City	State Zip Code												
	Purpose of Disbursement		-	-	$\neg$									
	Candidate Name		Cate	egor /pe	ry/	Amo	ount (	of Eacl	n D	isburs	semer	nt this	Period	
		nent For: Primary General Other (specify) ▼						,						1
	State: District:													
s	UBTOTAL of Disbursements This Page (optional)				<b>•</b>			7	Ξ			477	0.00	
ļ,	OTAL This Period (last page this line number only)				_							477	0.00	
Ι'	This I offer hast page this life number only)							- 7	-	-				

SCHEDULE B (FEC Form 3X)		FOR LIVE	FOR LINE NUMBER: PAGE 12 OF 38					
TEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	THO INDELL.					
LEMIZED DISBORSEMENTS	for each category of the	21b	X 22					
	Detailed Summary Page	27	28a 28b 28c 29 30l					
Any information copied from such Reports and State	monte may not be cold or use	d by any pared	on for the purpose of coliniting contributions					
or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,							
1199 SERVICE EMPLOYEES INT	I TINION EEDEDAT	DOLITIC/	VI ACTION FLIND					
/ T199 SERVICE EMPLOTEES INT	L UNION FEDERAL	POLITICA	AL ACTION FUND					
Full Name (Last, First, Middle Initial)								
1199 SEIU NYS POLITICAL ACTI	ON FUND		Date of Disbursement					
1100 0210 1110 1 021110/12 / 1011	0111 0112		M M / D D / Y Y Y Y					
Mailing Address 330 WEST 42ND STREET			05 22 2013					
,	State Zip Code		Transaction ID : SB22.12221					
NEW YORK	NY 10036		Transaction is . OSEE.TEEE					
Purpose of Disbursement TRANSFER			Assessment of Feets District on the Boston					
Candidate Name			Amount of Each Disbursement this Period					
Candidate Name		Category/	500000.00					
Office Sought: House Disburse	ment For:	Туре						
Office Sought: House Disburse Senate	ment For:  Primary General							
President	Other (specify)							
State: District:	Other (specify)							
Full Name (Last, First, Middle Initial)								
3.			Date of Disbursement					
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Mailing Address			M = M / D = D / Y = Y = Y					
Maining Address								
City	State Zip Code							
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Purpose of Disbursement								
			Amount of Each Disbursement this Period					
Candidate Name		Category/						
	_	Туре						
	ment For:							
Senate	Primary General							
President State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)			Date of Disbursement					
<b>/.</b>								
Mailing Address			M M / D D / Y Y Y Y					
Mailing Address								
City	State Zip Code							
,	•							
Purpose of Disbursement								
			Amount of Each Disbursement this Period					
Candidate Name		Category/						
		Type						
	ment For:							
Senate	Primary General							
President	Other (specify) ▼							
State: District:								
			500000 00					
<b>SUBTOTAL</b> of Disbursements This Page (optional)			500000.00					
			500000.00					
TOTAL This Period (last page this line number only	)		00.00000					

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S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE			13	OF 38					
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	s) (check only			one)						
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	ly information copied from such Reports and Staten for commercial purposes, other than using the nam											
	NAME OF COMMITTEE (In Full)											
$ \rangle$	1199 SERVICE EMPLOYEES INT'	L UNION FEDERAL	. PO	LIT	TICA	L AC	TIO	ΝF	UNI	)		
	Full Name (Lost First Middle Initial)											
Α.	Full Name (Last, First, Middle Initial)  RETHINK PAC					Date of	of Dis	burse	ment			
						M	/	D	D /	Υ	Y Y	Y
	Mailing Address 202 BONHAM ROAD					04		1	1		2013	
	City	State Zip Code										
		MA 02026				Tran	sacti	on ID	: SB2	23.122	56	
	Purpose of Disbursement		-	-								
	VOIDED CHECK					Amour	nt of I	Each	Disbu	ırseme	nt this	Period
	Candidate Name		Cate	egory /pe	//	Ι.					-10000	00.00
	Office Sought: House Disbursen	nent For:	ıy	/pe				,		7		
	Senate	Primary General										
		Other (specify) ▼										
_	State: District:											
В.	Full Name (Last, First, Middle Initial)					Date of	of Dis	burse	ment			
						M = N		D		Υ	Y Y	Y
	Mailing Address							L.				
	City S	State Zip Code										
	City	state Zip Code										
	Purpose of Disbursement			_	_							
	Candidate Name					Amount of Each Disbursement this Period				Period		
	Candidate Name		Cate	egory /pe	//		_					
	Office Sought: House Disbursen	nent For:	. ,	ро				,		,		
		Primary General										
		Other (specify) ▼										
_	State: District: Full Name (Last, First, Middle Initial)											
C.	Tuli Name (Last, Flist, Middle Illitial)					Date of	of Dis	burse	ment			
						M	/	D	D /	Υ	Y	Y
	Mailing Address							_				
	City	State Zip Code			+							
	•	·										
	Purpose of Disbursement		г.	_								
	Candidate Name		0-4-		./	Amour	nt of I	Each	Disbu	irseme	nt this	Period
			Cate Ty	gory pe	"							
	Office Sought: House Disbursen									,		
		Primary General  Other (specify) ▼										
	State: District:	Outor (Specify)										
Г							-	-	-	-	_	
s	UBTOTAL of Disbursements This Page (optional)				<b>•</b>			,		,	-10000	0.00
	OTAL Tide Desired (feet are 1911)										-10000	0.00
ΙT	OTAL This Period (last page this line number only)							7		7	.0000	5.00

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SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER:	PAGE 14 OF 38			
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(CILCON OILI)					
	Detailed Summary Page	21b	22 23 28b	24 25 26 28c 29 30b			
Any information copied from such Reports and State	mente may not be sold or						
or for commercial purposes, other than using the nar	me and address of any polit	ical committee to	solicit contributions f	rom such committee.			
NAME OF COMMITTEE (In Full)							
1199 SERVICE EMPLOYEES INT	L UNION FEDERA	L POLITIC	AL ACTION FU	ND			
Full Name (Last, First, Middle Initial)							
A. ASTRID FARALT VOIGT			Date of Disbursem	ent			
			M M / D D				
Mailing Address 241-01 148th Drive			05 14	2013			
City	State Zip Code						
Rosedale	NY 11422		Transaction ID :	SB28A.12217			
Purpose of Disbursement							
REFUND OF UNITEMIZED CONTRIBUTION			Amount of Each D	isbursement this Period			
Candidate Name		Category/ Type		120.00			
Office Sought: House Disburse	ment For:	Type		7			
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursem	ent			
			M = M / D = D				
Mailing Address							
City	State Zip Code						
Sity	Zip Oue						
Purpose of Disbursement				.,			
Candidate Name			Amount of Each D	isbursement this Period			
Sandado Hamo		Category/ Type					
Office Sought: House Disburse	ment For:	.,,,,					
Senate	Primary General						
President State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C.			Date of Disbursem	ent			
			M M / D D	/			
Mailing Address							
City	State Zip Code						
Purpose of Disbursement				isbursement this Period			
Candidate Name	Candidate Name						
		Category/ Type					
	ement For:	•					
Senate President	Primary General Other (specify) ▼						
State: District:	Other (specify)						
2.00.00							
SUBTOTAL of Disbursements This Page (optional).				120.00			
		<u> </u>		120.00			
TOTAL This Period (last page this line number only	/)			120.00			

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SCHEDULE B (FEC Form 3X)			LIMBER: PAGE 15 OF 38					
	EMIZED DISBURSEMENTS	Use separate schedule		(check only	-	17.GL 10 01 00		
П	EIVIIZEU DIODUROEIVIEN IO	for each category of the		21b				
		Detailed Summary Page	ge	27	28a 28b	24 25 26 28c × 29 30b		
۸.	ly information copied from such Reports and Statem	nente may not be cold a	r used b	ny any norso	n for the purpose of			
	for commercial purposes, other than using the nam							
	NAME OF COMMITTEE (In Full)	7,1						
$ \rangle$	1199 SERVICE EMPLOYEES INT'	I LINION FEDER	2ΔΙ Φ		I ACTION F	UND		
/	1100 OLIVIOL LIVII LOTELO IIVI	L OINION I LDEP	\/\L [	OLITIOA	L AUTION F			
_	Full Name (Last, First, Middle Initial)							
A.	1199 SEIU DUES ACCOUNT				Date of Disburse	ment		
					M M / D	D / Y Y Y Y Y		
Mailing Address 330 WEST 42ND STREET, 7TH FLO		_OOR			04 1	7 2013		
	01	7. 0.						
	,	State Zip Code NY 10036			Transaction ID	: SB29.12213		
	NEW YORK Purpose of Disbursement	NY 10036						
	REFUND OF DEPOSIT INTO WRONG ACCOUNT				Amount of Fach	Disbursement this Period		
	Candidate Name		$\dashv$		Amount of Laon	2.554.5511.611.611.61.611.61		
			C	ategory/ Type	1	37.50		
	Office Sought: House Disbursem	nent For:		.,,,,				
		Primary General	al					
		Other (specify) ▼						
	State: District:	• • • •						
	Full Name (Last, First, Middle Initial)							
В.	1199 SEIU DUES ACCOUNT				Date of Disburse	ment		
					M M / D =	D / Y Y Y Y		
	Mailing Address 330 WEST 42ND STREET, 7TH FI	LOOR			05 1	4 2013		
	,	State Zip Code		T	Transaction ID	: SB29.12214		
	NEW YORK Purpose of Disbursement	NY 10036						
	REIMBURSEMENT OF INITIATION FEE				Amount of Each	Disbursement this Period		
	Candidate Name		+L		A TIOUTE OF LACIT	DIODUIGOTIONE UNO 1 CHOU		
			C	ategory/ Type	1	150.00		
	Office Sought: House Disbursem	nent For:		. , , , ,				
		Primary General	al					
		Other (specify) ▼						
	State: District:	· · · · · · · · · · · · · · · · · · ·						
_	Full Name (Last, First, Middle Initial)							
C.	1199 SEIU DUES ACCOUNT				Date of Disburse	ment		
					M M / D	D / Y Y Y Y Y		
	Mailing Address 330 WEST 42ND STREET, 7TH FL	_OOR			05 1			
	,	State Zip Code			Transaction ID	: SB29.12215		
		NY 10036			= == =================================	-		
	Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT					B		
	Candidate Name		$-$   $\square$		Amount of Each	Disbursement this Period		
	Canadato Hamo		C	ategory/		27766.44		
	Office Sought: House Disbursem	nent For:		Туре				
		Primary General	al					
		Other (specify)	~1					
	State: District:	- \-\(\frac{1}{2} - \pi_1 - \pi_2 - \pi_3 \)						
Г	I							
,	UBTOTAL of Disbursements This Page (optional)				1	27953.94		
Ĕ								
l٠	OTAL This Period (last page this line number only)			_		27953.94		

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 16 OF 38

FOR LINE NUMBER:
(check only one) 9

X 10

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	. UNION FEDER	AL POLITICA	L ACTION FUND
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of Debt (Purpose): STAFF SALARIES
Mailing Address 330 WEST 42ND STREET			
City State NEW YORK	Zip Code NY 100	036	
Outstanding Balance Beginning This Period 32560.00			Transaction ID : SD10.12155
Amount Incurred This Period	Payment Th	is Period	Outstanding Balance at Close of This Period
0.00		0.00	32560.00
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose): STAFF SALARIES
Mailing Address 330 WEST 42ND STREET			_
City State NEW YORK	Zip Code NY 100	036	
Outstanding Balance Beginning This Period 9465.92			Transaction ID: SD10.12156
Amount Incurred This Period	Payment Th	is Period	Outstanding Balance at Close of This Period
0.00		0.00	9465.92
C. Full Name (Last, First, Middle Initial) of Debi		SEAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State Zip C NY 1003		
Outstanding Balance Beginning This Period 8091.98			Transaction ID : SD10.6240
Amount Incurred This Period	Payment Th	is Period	Outstanding Balance at Close of This Period
0.00	7	0.00	8091.98
1) SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	50117.90
2) TOTALS This Period (last page this line number	r only)	<b>&gt;</b>	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page	(last page only) ▶	

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 17 OF
FOR LINE NUMBER:
(check only one)

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X	10

38

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				
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	Payment This Period	Outstanding Balance at Close of This Period			
0.00	0.00	65588.32			
B. Full Name (Last, First, Middle Initial) of Debtor		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND			
Mailing Address 330 WEST 42ND STREET		BENEFITS -			
21.	7: 0				
City State NEW YORK	Zip Code NY 10036				
Outstanding Balance Beginning This Period	Transaction ID : SD10.6242				
14545.49					
Amount Incurred This Period	Outstanding Balance at Close of This Period				
0.00	Payment This Period 0.00	14545.49			
C. Full Name (Last, First, Middle Initial) of Debto		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS			
Mailing Address 330 WEST 42ND STREET		-			
City NEW YORK	State Zip Code NY 10036				
Outstanding Balance Beginning This Period		Transaction ID : SD10.6243			
3157.42					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	0.00	3157.42			
SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	83291.23			
2) TOTALS This Period (last page this line number	only)				
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	7			
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶				

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE 18 OF FOR LIN (check or

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nly one)		9
	X	10

				•
	ME OF COMMITTEE (In Full) 199 SERVICE EMPLOYEES INT'L U	JNION FE	EDERAL POLITIC	CAL ACTION FUND
	A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
	1199 SEIU UNITED HEALTHCA	RE WOR	RKERS EAST	REIMBURSE STAFF SALARIES AND BENEFITS
	Mailing Address 330 WEST 42ND STREET			
Ī	City State	Zip Code		
ŀ	NEW YORK	NY	10036	- 1: ID 0010 0011
	Outstanding Balance Beginning This Period			Transaction ID : SD10.6244
	56833.56			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	56833.56
ı	B. Full Name (Last, First, Middle Initial) of Debtor of			Nature of Debt (Purpose):
	1199 SEIU UNITED HEALTHCAF	REIMBURSE STAFF SALARIES AND BENEFITS		
	Mailing Address 330 WEST 42ND STREET			
	City State	Zip Code	40000	
ŀ	NEW YORK	NY	10036	
	Outstanding Balance Beginning This Period	Transaction ID : SD10.6245		
	82522.06			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	82522.06
	C. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCA		RKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
	Mailing Address 330 WEST 42ND STREET			
Ī	City	State	Zip Code	
-	NEW YORK	NY	10036	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.6246
	78033.76			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	78033.76
1)	SUBTOTALS This Period This Page (optional)			217389.38
_	TOTALS This Period (last page this line number of			<b>&gt;</b>
_	TOTAL OUTSTANDING LOANS from Schedule C			<b>•</b>
4)	ADD 2) and 3) and carry forward to appropriate lii	ne of Summa	ry Page (last page only)	<b>&gt;</b>

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 19 OF
FOR LINE NUMBER:
(check only one)

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38

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

Nature of Debt (Purpose):

A. Full Name (Last, First, Middle Initial) of Debt 1199 SEIU UNITED HEALTHO	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing Address 330 WEST 42ND STREET		
City State NEW YORK	Zip Code NY 10036	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6247
2812.96		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2812.96
B. Full Name (Last, First, Middle Initial) of Debto		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		Transaction ID: SD10.6248
5095.64		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	5095.64
C. Full Name (Last, First, Middle Initial) of Debt		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET		
City NEW YORK	State Zip Code NY 10036	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6249
12962.04		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	12962.04
SUBTOTALS This Period This Page (optional)		20870.64
TOTALS This Period (last page this line number	er only)	
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
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**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 20 OF
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1199 SERVICE EMP	OYFFS INT'I	UNION FEDERAL	POI ITICAL	<b>ACTION FUND</b>

A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND		
1199 SEIU UNITED HEALTHC	BENEFITS		
Mailing Address 330 WEST 42ND STREET	Mailing Address 330 WEST 42ND STREET		
City State	Zip Code	1	
NEW YORK	NY 10036		
Outstanding Balance Beginning This Period		Transaction ID : SD10.6284	
10997.70			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	10997.70	
B. Full Name (Last, First, Middle Initial) of Debtor		Nature of Debt (Purpose):	
1199 SEIU UNITED HEALTHCA	ARE WORKERS EAST	REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing Address 330 WEST 42ND STREET			
City State	Zip Code		
NEW YORK	NY 10036		
Outstanding Balance Beginning This Period		Transaction ID : SD10.6285	
7231.75			
Amount Incurred This Period Payment This Period		Outstanding Balance at Close of This Period	
0.00	0.00	7231.75	
C. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS		
Mailing Address 330 WEST 42ND STREET			
City	State Zip Code	1	
NEW YORK	NY 10036		
Outstanding Balance Beginning This Period		Transaction ID : SD10.6286	
3434.67			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	3434.67	
I) SUBTOTALS This Period This Page (optional)	21664.12		
2) TOTALS This Period (last page this line number			
3) TOTAL OUTSTANDING LOANS from Schedule			
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶			

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 21 OF
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1199 SERVICE EMPL	OYFES INT'I	UNION FEDERAL	POLITICAL	ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND		
1199 SEIU UNITED HEALTHC	BENEFITS		
Mailing Address 330 WEST 42ND STREET			
City State	Zip Code	-	
NEW YORK	NY 10036		
Outstanding Balance Beginning This Period		Transaction ID : SD10.6287	
16789.92			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	16789.92	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):	
1199 SEIU UNITED HEALTHCA	ARE WORKERS EAST	REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing Address 330 WEST 42ND STREET			
City State	Zip Code		
NEW YORK	NY 10036		
Outstanding Balance Beginning This Period		Transaction ID : SD10.6288	
9286.03			
Amount Incurred This Period	Outstanding Balance at Close of This Period		
0.00	0.00	9286.03	
C. Full Name (Last, First, Middle Initial) of Debto	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		Transaction ID : SD10.11208	
13004.52			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	13004.52	
SUBTOTALS This Period This Page (optional)	39080.47		
2) TOTALS This Period (last page this line number			
3) TOTAL OUTSTANDING LOANS from Schedule			
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶			

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 22 OF
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1199 SERVICE EMPL	OYFES INT'I	UNION FEDERAL	POLITICAL	ACTION FUND

	0 "	1	
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND		
1199 SEIU UNITED HEALTHC	BENEFITS		
Mailing Address 330 WEST 42ND STREET			
	7: 0 1		
City State NEW YORK	Zip Code NY 10036		
	10000	Transaction ID : SD10.11209	
Outstanding Balance Beginning This Period			
20006.45			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	20006.45	
B. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCA		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND	
1199 SEIU UNITED HEALTHCA	ARE WORKERS EAST	BENEFITS	
Mailing Address 330 WEST 42ND STREET			
City State	Zin Codo		
City State  NEW YORK	Zip Code NY 10036		
Outstanding Balance Beginning This Period		Transaction ID : SD10.11206	
		Transaction ID: 3D10.11206	
18904.21			
Amount Incurred This Period Payment This Period		Outstanding Balance at Close of This Period	
0.00	0.00	18904.21	
C. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC	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		Transaction ID : SD10.11207	
188588.83			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	188588.83	
0.00	0.00	100300.03	
SUBTOTALS This Period This Page (optional)		227499.49	
TOTALS This Period (last page this line number only)			
TOTAL OUTSTANDING LOANS from Schedule			
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**Excluding Loans** 

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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 Nature of Debt (Purpose): **CATERING** AMERICAN EXPRESS Mailing Address P.O. BOX 2855 State Zip Code **NEW YORK** 10116-2855 Transaction ID: SD10.6289 Outstanding Balance Beginning This Period 240.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 240.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES AVIS RENT A CAR SYSTEM, INC. Mailing Address 7876 COLLECTIONS CTR DRIVE City State Zip Code **CHICAGO** 60693 Outstanding Balance Beginning This Period Transaction ID: SD10.6540 1156.12 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1156.12 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): REIMBURSEMENT FOR CATERING JENNY BAUER **EXPENSES** Mailing Address 2 WILCOTT PARK City State Zip Code **MEDFORD** 02155 MA Transaction ID: SD10.6541 Outstanding Balance Beginning This Period 43.65 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 43 65 0.00

**Excluding Loans** 

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1199 SERVICE EMPL	LOYEES INT'L	. UNION FEDERAL	POLITICAL	<b>ACTION FUND</b>

A Full Name (Last First Middle India) of Balde				N ( D . )
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor				Nature of Debt (Purpose): REIMBURSEMENT FOR TRAVEL
LILLIAN CARINO			EXPENSES	
Mailing Address 327 SAINT NICHOLAS AVENUE APT. 2N				
City State	Zip Code			
NEW YORK	NY	10027-3609		
Outstanding Balance Beginning This Period				Transaction ID : SD10.6508
45.00				
Amount Incurred This Period	Paym	nent This Period		Outstanding Balance at Close of This Period
0.00			0.00	45.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of Debt (Purpose):
ENTERPRISE RENT-A-CAR				RENTAL VEHICLE
				_
Mailing Address P.O. BOX 840173				
City State	Zip Code			-
KANSAS CITY	MO	64184-0173		
Outstanding Balance Beginning This Period				Transaction ID : SD10.12157
6277.88				
Amount Incurred This Period	Paym	nent This Period		Outstanding Balance at Close of This Period
0.00			0.00	6277.88
C. Full Name (Last, First, Middle Initial) of Debto ENTERPRISE RENT-A-CAR	r or Creditor			Nature of Debt (Purpose): RENTAL VEHICLE
Mailing Address P.O. BOX 840173				
City	State	Zip Code		
KANSAS CITY	МО	64184-0173		
Outstanding Balance Beginning This Period				Transaction ID : SD10.12248
0.00				
Amount Incurred This Period	Paym	nent This Period		Outstanding Balance at Close of This Period
3138.94			0.00	3138.94
SUBTOTALS This Period This Page (optional)			<b>&gt;</b>	9461.82
TOTALS This Period (last page this line number	only)			
TOTAL OUTSTANDING LOANS from Schedule (	C (last page onl	y)		
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**Excluding Loans** 

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL POLITICA	AL ACTION FUND
A. Full Name (Last, First, Middle Initial) of Debtor ENTERPRISE RENT-A-CAR	Nature of Debt (Purpose): RENTAL VEHICLE	
Mailing Address P.O. BOX 840173		
City State KANSAS CITY	Zip Code MO 64184-0173	
Outstanding Balance Beginning This Period		Transaction ID : SD10.12250
0.00		
Amount Incurred This Period 3587.36	Payment This Period 0.00	Outstanding Balance at Close of This Period 3587.36
		7
B. Full Name (Last, First, Middle Initial) of Debtor MACK CROUNSE GROUP	or Creditor	Nature of Debt (Purpose): MAILINGS
Mailing Address 2001 N. BEAUREGARD ST., ST	≣ 420	
City State ALEXANDRIA	Zip Code VA 22311	
Outstanding Balance Beginning This Period		Transaction ID : SD10.8322
1606.34	Poyment This Povind	Outstanding Palance at Close of This Paried
Amount Incurred This Period  0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1606.34
C. Full Name (Last, First, Middle Initial) of Debto MACK CROUNSE GROUP	r or Creditor	Nature of Debt (Purpose): MAILINGS
Mailing Address 2001 N. BEAUREGARD ST., ST	E 420	
City ALEXANDRIA	State Zip Code VA 22311	
Outstanding Balance Beginning This Period		Transaction ID : SD10.8323
1606.34		
Amount Incurred This Period  0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1606.34
	7 7 7	
1) SUBTOTALS This Period This Page (optional)		6800.04
2) TOTALS This Period (last page this line number		7 7
<ul><li>2) TOTALS This Period (last page this line number</li><li>3) TOTAL OUTSTANDING LOANS from Schedule (</li></ul>	only)	

**Excluding Loans** 

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**X** 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 Nature of Debt (Purpose): **RADIO BUY & PRODUCTION** NOVAK MEDIA INC. Mailing Address 159 WEST MAIN STREET State Zip Code WEBSTER 14580 Transaction ID: SD10.7361 Outstanding Balance Beginning This Period 18850.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 18850.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): REIMBURSEMENT CATERING EXPENSE ANTONELLA PECHTEL Mailing Address 401 ROSE AVE City State Zip Code **SCHENECTADY** 12308 NY Outstanding Balance Beginning This Period Transaction ID: SD10.6531 201.39 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 201.39 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROBO CALLS** SEIU COMMUNICATIONS CENTER LLC. Mailing Address 330 WEST 42ND STREET City State Zip Code **NEW YORK** 10036 NY Transaction ID: SD10.7362 Outstanding Balance Beginning This Period 4372.06 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4372.06 0.00 23423.45 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

**Excluding Loans** 

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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 Nature of Debt (Purpose): PHONE BANK CALLS SEIU COMMUNICATIONS CENTER LLC. Mailing Address 330 WEST 42ND STREET State Zip Code NY **NEW YORK** 10036 Transaction ID: SD10.8325 Outstanding Balance Beginning This Period 22157.25 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 22157.25 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PHONE BANKING SEIU COMMUNICATIONS CENTER LLC. Mailing Address 330 WEST 42ND STREET City State Zip Code **NEW YORK** 10036 NY Outstanding Balance Beginning This Period Transaction ID: SD10.12251 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1206.92 0.00 1206.92 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DOORHANGERS** STANDARD MODERN COMPANY Mailing Address 47 PLEASANT STREET City State Zip Code **BROCKTON** 02301 MA Transaction ID: SD10.12252 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 598 89 598.89 23963.06 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

**Excluding Loans** 

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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 Nature of Debt (Purpose): **GAS CARDS** SVM, LP Mailing Address 185 N. FRANKLIN ST REET State Zip Code **CHICAGO** 60606 Transaction ID: SD10.12158 Outstanding Balance Beginning This Period 726.26 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 726.26 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **GAS CARDS** SVM, LP Mailing Address 185 N. FRANKLIN ST REET City State Zip Code **CHICAGO** 60606 Outstanding Balance Beginning This Period Transaction ID: SD10.12253 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 800.07 0.00 800.07 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **GAS CARDS** SVM, LP Mailing Address 185 N. FRANKLIN ST REET Zip Code City State **CHICAGO** 60606 Ш Transaction ID: SD10.12254 Outstanding Balance Beginning This Period 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 800.07 800.07 2326.40 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

**Excluding Loans** 

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL POLITICA	L ACTION FUND
A. Full Name (Last, First, Middle Initial) of Debtor SVM, LP	Nature of Debt (Purpose): GAS CARDS	
Mailing Address 185 N. FRANKLIN ST REET		-
City State CHICAGO	Zip Code IL 60606	-
Outstanding Balance Beginning This Period		Transaction ID : SD10.12255
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
800.07	0.00	800.07
B. Full Name (Last, First, Middle Initial) of Debtor 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	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1897.47
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI		Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000		
City BALTIMORE	State Zip Code MD 21288	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6518
1849.15		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1849.15
1) SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	4546.69
2) TOTALS This Period (last page this line number of	only)	
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page only)	7 7 7
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only) ▶	

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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 Nature of Debt (Purpose): **BEVERAGE EXPENSES** UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State Zip Code **BALTIMORE** 21288 Transaction ID: SD10.6519 Outstanding Balance Beginning This Period 835.02 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 835.02 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State Zip Code **BALTIMORE** 21288 MD Outstanding Balance Beginning This Period Transaction ID: SD10.6520 435.95 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 435.95 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State Zip Code **BALTIMORE** 21288 MD Transaction ID: SD10.6521 Outstanding Balance Beginning This Period 1056.95 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1056.95 0.00 2327.92 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

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199 SERVICE EMPLOYEES INT'L	LUNION FEDERAL POLITIC	CAL ACTION FUND
A. Full Name (Last, First, Middle Initial) of Debt UNION TRAVEL MASTERCA	Nature of Debt (Purpose): CATERING EXPENSES	
Mailing Address P.O. BOX 88000		
City State BALTIMORE	Zip Code 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
B. Full Name (Last, First, Middle Initial) of Debto UNION TRAVEL MASTERCAR		Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000		
City State BALTIMORE	Zip Code MD 21288	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6533
367.37		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	367.37
C. Full Name (Last, First, Middle Initial) of Debt UNION TRAVEL MASTERCAR		Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000		
City BALTIMORE	State Zip Code MD 21288	
Outstanding Balance Beginning This Period 262.40		Transaction ID : SD10.6535
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	262.40
SUBTOTALS This Period This Page (optional)		3001.81
TOTALS This Period (last page this line number	er only)	
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL POLITICA	AL ACTION FUND
A. Full Name (Last, First, Middle Initial) of Debt UNION TRAVEL MASTERCAI		Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000		
City State BALTIMORE	Zip Code MD 21288	
Outstanding Balance Beginning This Period 477.00		Transaction ID : SD10.6536
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	477.00
B. Full Name (Last, First, Middle Initial) of Debto UNION TRAVEL MASTERCAR		Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000		
City State BALTIMORE	Zip Code MD 21288	
Outstanding Balance Beginning This Period 524.80		Transaction ID: SD10.6537
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	524.80
C. Full Name (Last, First, Middle Initial) of Debi UNION TRAVEL MASTERCAL		Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000		
City BALTIMORE	State Zip Code MD 21288	
Outstanding Balance Beginning This Period		Transaction ID: SD10.6538
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1115.00
1) SUBTOTALS This Period This Page (optional)		2116.80
2) TOTALS This Period (last page this line number	or only)	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)	

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L I	JNION FEDERAL POLITICA	L ACTION FUND
A. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI		Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000		
City State BALTIMORE	Zip Code MD 21288	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6539
419.84		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	419.84
B. Full Name (Last, First, Middle Initial) of Debtor of UNION TRAVEL MASTERCARD		Nature of Debt (Purpose): TRANSPORTATION COSTS
Mailing Address P.O. BOX 88000		-
City State BALTIMORE	Zip Code MD 21288	
	MD 21200	Transportion ID - CD40 C545
Outstanding Balance Beginning This Period 539.45		Transaction ID: SD10.6545
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	539.45
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI		Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000		-
City BALTIMORE	State Zip Code MD 21288	
Outstanding Balance Beginning This Period		Transaction ID: SD10.6546
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2552.60
SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	3511.89
2) TOTALS This Period (last page this line number of	only)	
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only) ▶	

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

A. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI	Nature of Debt (Purpose): CATERING EXPENSES	
Mailing Address P.O. BOX 88000		
City State BALTIMORE	Zip Code MD 21288	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6548
3224.16		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	3224.16
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
Mailing Address		
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
	7 7 7	
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		
Assemble word This Desire	Down and This Posted	Outstanding Balance at Observe (This Basis I
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
		<u> </u>
) SUBTOTALS This Period This Page (optional)	)	3224.16
) TOTALS This Period (last page this line number of	only)	746057.04
TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	0.00
) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only)	746057.04

PAGE	35	OF	38 ORM 3X
FOR L	INE 24	OF F	ORM 3X

					FOR LINE 2	24 OF FORM 3X	
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL  FEC IDENTIFICATION NUMBER ▼						
AC	ACTION FUND						
Chec	k if 24-hour report 48-hour report New report Amends report	rt filed		M /	D D /	Y W Y W Y	
	full Name (Last, First, Middle Initial) of Payee ENTERPRISE RENT-A-CAR		Date				
	Mailing Address P.O. BOX 840173			D5 /	17	2013	
L			Amoun	t			
- 1	City State Zip Code KANSAS CITY MO 64184-0173		Francac	tion ID	: SE.12203	3138.94	
	Purpose of Expenditure RENTAL VEHICLE Category/ Type		Sough		House Senate	State: MA District:	
	lame of Federal Candidate Supported or Opposed by Expenditure:				President		
- 1	ED MARKEY	Chec	k One:	X	Support	Oppose	
	Calendar Year-To-Date Per Election for Office Sought 6544.89	2012	irsement	L	Primary	General pecial-General	
-	Full Name (Last, First, Middle Initial) of Payee					pediai Gerierai	
	ENTERPRISE RENT-A-CAR [MEMO ITEM]			M /	17	2013	
	Mailing Address P.O. BOX 840173		Amoun		.,,	2013	
	Dity State Zip Code						
- 1	(ANSAS CITY MO 64184-0173		L.	-		3587.36	
$\perp$	(F 1)		Transac Sough		: <b>SE.12211</b> House	State: NAA	
	Purpose of Expenditure RENTAL VEHICLE Category/ Type	Onice	, Sough	·. ×	Senate	District:	
١	lame of Federal Candidate Supported or Opposed by Expenditure:			L	President		
$\perp$	ED MARKEY		k One:	×		Oppose	
	Calendar Year-To-Date Per Election for Office Sought	2013	irsement Oth	L	Primary Pcify) ► _S	General pecial-General	
(a	) SUBTOTAL of Itemized Independent Expenditures	. •				0.00	
(b	) SUBTOTAL of Unitemized Independent Expenditures		_				
			H	-	7		
(с	TOTAL Independent Expenditures	•	<u> </u>	-7-	<del></del>		
wi	nder penalty of perjury I certify that the independent expenditures reported herein were at the request or suggestion of, any candidate or authorized committee or agent of try committee) any political party committee or its agent.						
	KEVIN FINNEGAN [Electronically Filed] Date	M 06	M /	13	/ Y 201	3	
	Signature						

PAGE	36	OF	38 DRM 3X
FOR L	INE 24	OF FO	ORM 3X

					FOR LINE 2	24 OF FORM 3X	
11	NAME OF COMMITTEE (In Full)  1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL  FEC IDENTIFICATION NUMBER ▼						
A	ACTION FUND						
Che	Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report						
	Full Name (Last, First, Middle Initial) of Payee SEIU COMMUNICATIONS CENTER LLC.		Date	M /	D D /	Y	
	[MEMO ITEM]			04	30	2013	
	Mailing Address 330 WEST 42ND STREET		Amoun	it			
ı	City State Zip Code			-		1 1	
	NEW YORK NY 10036		Ι.			1206.92	
- [	1000		Transac	tion ID	: SE.12205		
- 1	Purpose of Expenditure  Category/	Offic	e Sough	t:	House	State: MA	
	PHONE BANKING Type			X	Senate	District:	
ŀ	Name of Fodoval Condidate Compared or Consead by Forestitus				President		
	Name of Federal Candidate Supported or Opposed by Expenditure:	Char	ok Ono:		_	Oppose	
	ED MARKEY	Cried	ck One:		Support	Oppose	
Ī	Colordon Venu To Data Day Floation	Disb	ursemen	t For:	Primary	General	
	Calendar Year-To-Date Per Election for Office Sought 2605.88	2013		L			
	lor Office Sought		X Oth	ner (spe	ecify) ▶ <u>S</u>	pecial-General	
ľ	Full Name (Last, First, Middle Initial) of Payee		Date				
- 1	STANDARD MODERN COMPANY		Buto				
	[MEMO ITEM]		M	04	26	2013	
ľ	Mailing Address 47 PLEASANT STREET						
			Amoun	nt			
	City State Zip Code					598.89	
	BROCKTON MA 02301		Transac	tion ID	: SE.12207		
ı	Purpose of Expenditure Category/		e Sough		House	State: MA	
- 1	DO'ORHANGE'RS Type			X	Senate	District:	
-					President		
	Name of Federal Candidate Supported or Opposed by Expenditure:						
	ED MARKEY	Ched	ck One:	X	Support	Oppose	
	Calendar Year-To-Date Per Election	Disb	ursemen	t For:	Primary	General	
- 1	for Office Sought	2013	X Oth	or (cno	oifu)		
			<u> </u>	ici (spe	<u>S</u> _S	pecial-General	
	(a) SUBTOTAL of Itemized Independent Expenditures		_			0.00	
,	a) SOBTOTAL OF REMIZED INDEPENDENT EXPENDITURES	·· •	_	- <del>-</del>	7	0.00	
(	(b) SUBTOTAL of Unitemized Independent Expenditures	·· •		-			
(	(c) TOTAL Independent Expenditures	▶			_	[	
					7		
١	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent oparty committee) any political party committee or its agent.						
	KEVIN FINNEGAN	NA -	М ,	D = D -	/ V = V	Y	
	[Electronically Filed] Date	e 0	6 /	13	201		
	Signature			-			

PAGE	37	OF	38 DRM 3X
FOR L	INE 24	OF FO	DRM 3X

					FOR LINE 2	24 OF FORM 3X	
11	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL  FEC IDENTIFICATION NUMBER ▼						
Α	ACTION FUND						
Che	eck if 24-hour report 48-hour report New report Amends report	rt filed (	on	M /	D   D /	Y W Y W Y	
	Full Name (Last, First, Middle Initial) of Payee SVM, LP		Date				
	[MEMO ITEM]  Mailing Address 185 N. FRANKLIN ST REET		04 / 23 / Y			2013	
			Amount				
	City State Zip Code CHICAGO IL 60606		ransacti	on ID	: SE.12199	800.07	
	Purpose of Expenditure GAS CARDS  Category/ Type		Sought:		House Senate	State: MA District:	
ŀ	Name of Federal Candidate Supported or Opposed by Expenditure:				President		
	ED MARKEY	Check	k One:	X	Support	Oppose	
	Calendar Year-To-Date Per Election for Office Sought 800.07	2012	rsement  Othe	L	Primary cify)  S	General pecial-General	
	Full Name (Last, First, Middle Initial) of Payee SVM, LP		Date				
	[MEMO ITEM]		M O	5 /	08	2013	
	Mailing Address 185 N. FRANKLIN ST REET		Amount				
	City State Zip Code CHICAGO IL 60606			- 7	25 12221	800.07	
ı	Purpose of Expenditure GAS CARDS  Category/ Type		Sought:		: <b>SE.12201</b> House Senate	State: MA	
ŀ	Name of Federal Candidate Supported or Opposed by Expenditure:				President	District:	
	ED MARKEY	Check	k One:	X	Support	Oppose	
	Calendar Year-To-Date Per Election for Office Sought 3405.95	2013	rsement Othe	L	Primary ecify) ▶ _S	General pecial-General	
(	(a) SUBTOTAL of Itemized Independent Expenditures	•		-T-	1 1 1 1 1 T	0.00	
(	(b) SUBTOTAL of Unitemized Independent Expenditures	•		-75	75		
	(c) TOTAL Independent Expenditures	•		-7-	1 1 7		
١	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.						
	KEVIN FINNEGAN [Electronically Filed] Date	M 06	M /	13	201	3	
	Signature						

PAGE	38	OF	38 ORM 3X
FOR L	INE 24	OF F	ORM 3X

					FOR LINE 2	24 OF FORM 3X		
NAME OF COMMITTEE (In Full)  1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL  FEC IDENTIFICATION NUMBER ▼								
ACTION FUND								
Check if 24-hour report 48-hour report New report Amends report filed on								
	Full Name (Last, First, Middle Initial) of Payee SVM, LP		Date					
-1	[MEMO ITEM]		05 17 2013					
	Mailing Address 185 N. FRANKLIN ST REET				Amount			
ŀ	City State Zip Code		_					
	CHICAGO IL 60606					800.07		
	CHICAGO IL 60000		Transac	tion ID	: SE.12209			
	Purpose of Expenditure CAS CAPPOS  Category/	Office	e Sough	t:	House	State: MA		
	Type			X	Senate President	District:		
	Name of Federal Candidate Supported or Opposed by Expenditure:	Choo	k One:	$\nabla$	_ ¶ Cupport	Oppose		
	ED MARKEY	Cried	ok One.		Support	Oppose		
	Calendar Year-To-Date Per Election	Disbu	ursemen	t For: [	Primary	General		
	for Office Sought 7344.96	2013	X Oth	L		pecial-General		
ŀ	Full Name (Last, First, Middle Initial) of Payee		Date					
			M	- M /	D D /	Y   Y   Y   Y   Y		
ľ	Mailing Address		Amour	.+				
ŀ			Amour	ıı				
	City State Zip Code		L	-	7			
ľ	Purpose of Expenditure Category/ Type	Office	e Sough	t:	House Senate	State:		
					President	District:		
-	Name of Federal Candidate Supported or Opposed by Expenditure:				_			
ļ		Chec	ck One:		Support	Oppose		
1	Calendar Year-To-Date Per Election				Disbursement For: Primary General			
	for Office Sought		Oth	ner (spe	ecify) ▶			
(	a) SUBTOTAL of Itemized Independent Expenditures	. ▶			1 1 7	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] Date	M = 06	M /	13	/ Y Y 201	3 3		
	Signature	00		.0	201	<u> </u>		