

**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 ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- PRE-Election** Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on / / in the State of

- (d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
- POST-Election** Report for the: / / in the State of

5. Covering Period / / 04 01 2014 through / / 06 30 2014

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

07

14

2014

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 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, Y Y Y Y 2014 | | 3098588.39 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 2761488.31 | |
| (c) Total Receipts (from Line 19) | 1699011.37 | 3374430.80 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 4460499.68 | 6473019.19 |
| 7. Total Disbursements (from Line 31) | 2509330.00 | 4521849.51 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 1951169.68 | 1951169.68 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 744850.12 | |



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

For further information contact:

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

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

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 |
| 0 | 4 | | 0 | 1 | | 2 | 0 | 1 | 4 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 1 | 4 |

| 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)..... | 2504.50 | 2657.50 |
| (ii) Unitemized | 1696146.95 | 3370904.27 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ► | 1698651.45 | 3373561.77 |
| (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) | 1698651.45 | 3373561.77 |
| 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.)..... | 359.92 | 869.03 |
| 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)) | 1699011.37 | 3374430.80 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 1699011.37 | 3374430.80 |

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 | 9270.00 | 11055.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 9270.00 | 11055.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 2500000.00 | 4500000.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 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 | 190.00 |
| (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 | 190.00 |
| 29. Other Disbursements | 60.00 | 10604.51 |
| 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)) .. | 2509330.00 | 4521849.51 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 2509330.00 | 4521849.51 |

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) | 1698651.45 | 3373561.77 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 190.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1698651.45 | 3373371.77 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 9270.00 | 11055.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 9270.00 | 11055.00 |

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

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

FOR LINE NUMBER: PAGE 6 OF 42

(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. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11AI.14519

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : SA11AI.14520

Amount of Each Receipt this Period

150.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.14521

Amount of Each Receipt this Period

150.00

PAYROLL DEDUCTION

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

450.00

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:
(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. LAWRENCE BROOKS

Mailing Address 730 PARK AVENUE

City
SYRACUSE

State Zip Code
NY 13204

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 ▼

270.00

Date of Receipt

05 / 31 / 2014

Transaction ID : SA11AI.14524

Amount of Each Receipt this Period

90.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. LAWRENCE BROOKS

Mailing Address 730 PARK AVENUE

City
SYRACUSE

State Zip Code
NY 13204

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 ▼

280.00

Date of Receipt

06 / 30 / 2014

Transaction ID : SA11AI.14526

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Kerling Charles-pierre

Mailing Address 6712 Heritage Grande

City
Boynton Beach

State Zip Code
FL 33437-7906

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Boca Medical Center

Occupation

MONITOR TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 30 / 2014

Transaction ID : SA11AI.14532

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)..... ►

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. Denise Dennison

Mailing Address 15110 State Road 54

City State Zip Code
 Odessa FL 33556-3666

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Medical Center of Trinity Paramedic

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
 05 / 31 / 2014

Transaction ID : SA11AI.14542

Amount of Each Receipt this Period

60.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Denise Dennison

Mailing Address 15110 State Road 54

City State Zip Code
 Odessa FL 33556-3666

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Medical Center of Trinity Paramedic

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
 06 / 30 / 2014

Transaction ID : SA11AI.14543

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Kerensa Dessalines

Mailing Address 3330 Spanish Moss Ter

City State Zip Code
 Lauderhill FL 33319-5062

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Kendall Regional Medical Center RN Pediatrics

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
 05 / 31 / 2014

Transaction ID : SA11AI.14549

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)..... ►

140.00

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

Use separate schedule(s)
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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

City

Lauderhill

State

FL

Zip Code

33319-5062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kendall Regional Medical Center

Occupation

RN Pediatrics

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.14550

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Juliann Fiorello

Mailing Address 2170 Polo Gardens Dr

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2014

Transaction ID : SA11AI.14556

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Juliann Fiorello

Mailing Address 2170 Polo Gardens Dr

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.14557

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**

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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

1199 SEIU

Occupation

ORGANIZER

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
 05 / 31 / 2014

Transaction ID : SA11AI.14564

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

1199 SEIU

Occupation

ORGANIZER

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
 06 / 30 / 2014

Transaction ID : SA11AI.14565

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
 Saint Petersburg FL 33703-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Largo Medical Center

Occupation

RESP TEHRAPIST

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
 05 / 31 / 2014

Transaction ID : SA11AI.14571

Amount of Each Receipt this Period

60.00

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)
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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. Connie Geiger

Mailing Address 1900 Carolina Ave NE

City

Saint Petersburg

State

FL

Zip Code

33703-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Largo Medical Center

Occupation

RESP TEHRAPIST

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
06 / 30 / 2014

Transaction ID : SA11AI.14572

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Frank Genung

Mailing Address 1533 18th Ave N

City

Lake Worth

State

FL

Zip Code

33460-6403

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Mary Medical Center

Occupation

RN 15%

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
05 / 31 / 2014

Transaction ID : SA11AI.14578

Amount of Each Receipt this Period

75.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Frank Genung

Mailing Address 1533 18th Ave N

City

Lake Worth

State

FL

Zip Code

33460-6403

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Mary Medical Center

Occupation

RN 15%

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
06 / 30 / 2014

Transaction ID : SA11AI.14579

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)..... ►

140.00

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

Use separate schedule(s)
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(check only one)

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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. JAMES GOULD

Mailing Address 165 HONEYSUCKLE DRIVE

City
JUPITER

State Zip Code
FL 33458

FEC ID number of contributing
federal political committee.

C

Name of Employer
WEST PALM HOSPITAL

Occupation
IMAGING MRI TECK SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2014

Transaction ID : SA11AI.14581

Amount of Each Receipt this Period

51.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. JAMES GOULD

Mailing Address 165 HONEYSUCKLE DRIVE

City
JUPITER

State Zip Code
FL 33458

FEC ID number of contributing
federal political committee.

C

Name of Employer
WEST PALM HOSPITAL

Occupation
IMAGING MRI TECK SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11AI.14582

Amount of Each Receipt this Period

102.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. JAMES GOULD

Mailing Address 165 HONEYSUCKLE DRIVE

City
JUPITER

State Zip Code
FL 33458

FEC ID number of contributing
federal political committee.

C

Name of Employer
WEST PALM HOSPITAL

Occupation
IMAGING MRI TECK SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2014

Transaction ID : SA11AI.14583

Amount of Each Receipt this Period

102.00

PAYROLL DEDUCTION

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

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

255.00

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. JAMES GOULD

Mailing Address 165 HONEYSUCKLE DRIVE

City
JUPITER

State Zip Code
FL 33458

FEC ID number of contributing
federal political committee.

C

Name of Employer
WEST PALM HOSPITAL

Occupation
IMAGING MRI TECK SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

617.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.14584

Amount of Each Receipt this Period

102.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Vivienne Howell

Mailing Address 12313 67th St N

City
West Palm Beach

State Zip Code
FL 33412-2068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palms West Hospital

Occupation
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2014

Transaction ID : SA11AI.14590

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Vivienne Howell

Mailing Address 12313 67th St N

City
West Palm Beach

State Zip Code
FL 33412-2068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palms West Hospital

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
06 / 30 / 2014

Transaction ID : SA11AI.14591

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)..... ►

162.00

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. Johnny Jones

Mailing Address 1272 NW 46th St

City
Miami

State
FL

Zip Code
33142-4175

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kendall Regional Medical Center

Occupation

Sanitation Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 31 / 2014

Transaction ID : SA11AI.14596

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Johnny Jones

Mailing Address 1272 NW 46th St

City
Miami

State
FL

Zip Code
33142-4175

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kendall Regional Medical Center

Occupation

Sanitation Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2014

Transaction ID : SA11AI.14597

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Betsy Marville

Mailing Address 9914 62nd Ter S

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 ▼

300.00

Date of Receipt

05 / 31 / 2014

Transaction ID : SA11AI.14618

Amount of Each Receipt this Period

100.00

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)
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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

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 ▼

400.00

Date of Receipt

06 / 30 / 2014

Transaction ID : SA11AI.14619

Amount of Each Receipt this Period

100.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Jasmine McKenzie

Mailing Address 94-23 212 Place

City

Queens Village

State

NY

Zip Code

11428

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mt Sinai Hospital of Queens

Occupation

DIETARY AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 31 / 2014

Transaction ID : SA11AI.14625

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Tracy Nelson

Mailing Address 6451 Preakness Dr

City

Orlando

State

FL

Zip Code

32818-1742

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Florida Hospital Svc & Tech

Occupation

FANS Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.50

Date of Receipt

04 / 30 / 2014

Transaction ID : SA11AI.14635

Amount of Each Receipt this Period

47.00

PAYROLL DEDUCTION

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

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

187.00

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. Tracy Nelson

Mailing Address 6451 Preakness Dr

City State Zip Code
Orlando FL 32818-1742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Florida Hospital Svc & Tech

Occupation
FANS Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : SA11AI.14636

Amount of Each Receipt this Period

47.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Tracy Nelson

Mailing Address 6451 Preakness Dr

City State Zip Code
Orlando FL 32818-1742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Florida Hospital Svc & Tech

Occupation
FANS Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.14637

Amount of Each Receipt this Period

23.50

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Etenne Nervil

Mailing Address 229 EAST 18TH ST. #E9

City State Zip Code
Brooklyn NY 11226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Best Care, INC.

Occupation
Patient Care Associate

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
06 / 30 / 2014

Transaction ID : SA11AI.14645

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)..... ►

80.50

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. Denise Perry

Mailing Address 202 SW Coconut Key Way

City

Port Saint Lucie

State

FL

Zip Code

34986-1912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palm Beach Gardens Medical Center

Occupation

RN SPECIALTY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 31 / 2014

Transaction ID : SA11AI.14651

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Denise Perry

Mailing Address 202 SW Coconut Key Way

City

Port Saint Lucie

State

FL

Zip Code

34986-1912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palm Beach Gardens Medical Center

Occupation

RN SPECIALTY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2014

Transaction ID : SA11AI.14652

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. 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 ▼

275.00

Date of Receipt

05 / 31 / 2014

Transaction ID : SA11AI.14662

Amount of Each Receipt this Period

75.00

PAYROLL DEDUCTION

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

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

135.00

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. 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

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.14663

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. EASHWATTIE RAMASAR

Mailing Address 405 AUTUMN AVE. 1FL

City

Brooklyn

State

NY

Zip Code

11208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assisted Care

Occupation

HOME HEALTH 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
06 / 30 / 2014

Transaction ID : SA11AI.14674

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Monica Russo

Mailing Address 11 NW 154th Street

City

Miami

State

FL

Zip Code

33169

FEC ID number of contributing
federal political committee.

C

Name of Employer

1199 SEIU

Occupation

EXEC 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 Y
05 / 31 / 2014

Transaction ID : SA11AI.14678

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)..... ►

135.00

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. 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

EXEC VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

06 / 30 / 2014

Transaction ID : SA11AI.14679

Amount of Each Receipt this Period

70.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. 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

Lutheran Medical Center

Occupation

Paramedic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 30 / 2014

Transaction ID : SA11AI.14683

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Nadine White

Mailing Address 6876 NW 1st St

City State Zip Code
 Margate FL 33063-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Plantation General Hospital

Occupation

Clin Ladder II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 31 / 2014

Transaction ID : SA11AI.14704

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)
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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. Nadine White

Mailing Address 6876 NW 1st St

City

Margate

State

FL

Zip Code

33063-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Plantation General Hospital

Occupation

Clin Ladder II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.14705

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. Roslyn Williams

Mailing Address 4024 Lakeside Dr

City

Tamarac

State

FL

Zip Code

33319-3355

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westside Regional Medical

Occupation

Unit Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2014

Transaction ID : SA11AI.14711

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. Roslyn Williams

Mailing Address 4024 Lakeside Dr

City

Tamarac

State

FL

Zip Code

33319-3355

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westside Regional Medical

Occupation

Unit Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.14712

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

2504.50

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. 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 ▼

589.93

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SA17.14502

Amount of Each Receipt this Period

80.82

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 ▼

712.49

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 30 / 2014

Transaction ID : SA17.14503

Amount of Each Receipt this Period

122.56

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 ▼

869.03

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA17.14504

Amount of Each Receipt this Period

156.54

INTEREST INCOME

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

359.92

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

359.92

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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 |

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Category/
Type

State: District:

MM / DD / YYYY

Category/
Type

State: District:

State: District:

9270.00

9270.00

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

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. SEIU COPE FUND

Category/
Type

2000000.00

State: District:

B. SEIU COPE FUND

06 / 24 / 2014

Category/
Type

500000.00

State: District:

C.

Category/
Type

State: District:

2500000.00

2500000.00

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

PAGE 24 OF 42

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. TD BANK

Mailing Address 1710 ROUTE 70 EAST

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| CHERRY HILL | NJ | 08034 |

Purpose of Disbursement
BANK CHARGES

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

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

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 10 | | 2014 |

Transaction ID : SB29.14512

Amount of Each Disbursement this Period

| |
|-------|
| 60.00 |
|-------|

Full Name (Last, First, Middle Initial)

B.

Mailing Address

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

Purpose of Disbursement

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| |
|---|
| Disbursement For: |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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

| |
|--|
| |
|--|

Full Name (Last, First, Middle Initial)

C.

Mailing Address

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

Purpose of Disbursement

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| |
|---|
| Disbursement For: |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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

| |
|--|
| |
|--|

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

| |
|-------|
| 60.00 |
|-------|

| |
|-------|
| 60.00 |
|-------|

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

1199 SEIUNature of Debt (Purpose):
STAFF SALARIES

Mailing Address 330 WEST 42ND STREET

City State

NEW YORK

Zip Code

NY

10036

Outstanding Balance Beginning This Period

32560.00

Transaction ID : SD10.12155

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

32560.00

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

1199 SEIUNature of Debt (Purpose):
STAFF SALARIES

Mailing Address 330 WEST 42ND STREET

City State

NEW YORK

Zip Code

NY

10036

Outstanding Balance Beginning This Period

9465.92

Transaction ID : SD10.12156

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9465.92

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

1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):
REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

NEW YORK

State

NY

Zip Code

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

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

50117.90

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 26 OF 42

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

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

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

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

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

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

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

83291.23

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 27 OF 42

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

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

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

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

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

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

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

217389.38

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

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

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

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

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

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

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

20870.64

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:
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☒ 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

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

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

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

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

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

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

21664.12

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)
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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

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

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

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

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

13004.52

Transaction ID : SD10.11208

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13004.52

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

39080.47

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)
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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

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

20006.45

Transaction ID : SD10.11209

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20006.45

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

18904.21

Transaction ID : SD10.11206

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18904.21

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

188588.83

Transaction ID : SD10.11207

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

188588.83

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

227499.49

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)

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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

AMERICAN EXPRESSNature 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

B. 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 State

Zip Code

CHICAGO

IL

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

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

JENNY BAUERNature 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

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

1439.77

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 33 OF 42

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

LILLIAN CARINO

Nature of Debt (Purpose):

**REIMBURSEMENT FOR TRAVEL
EXPENSES**Mailing Address 327 SAINT NICHOLAS AVENUE
APT. 2NCity 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

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

ENTERPRISE RENT-A-CAR

Nature of Debt (Purpose):

RENTAL VEHICLE

Mailing Address P.O. BOX 840173

City State Zip Code
KANSAS CITY MO 64184-0173

Outstanding Balance Beginning This Period

6277.88

Transaction ID : SD10.12157

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6277.88

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

ENTERPRISE RENT-A-CAR

Nature of Debt (Purpose):

RENTAL VEHICLE

Mailing Address P.O. BOX 840173

City State Zip Code
KANSAS CITY MO 64184-0173

Outstanding Balance Beginning This Period

3138.94

Transaction ID : SD10.12248

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3138.94

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

9461.82

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)
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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

ENTERPRISE RENT-A-CARNature of Debt (Purpose):
RENTAL VEHICLE

Mailing Address P.O. BOX 840173

City State

Zip Code

KANSAS CITY

MO

64184-0173

Outstanding Balance Beginning This Period

3587.36

Transaction ID : SD10.12250

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3587.36

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

MACK CROUNSE GROUPNature 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

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

MACK CROUNSE GROUPNature 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 : SD10.8323

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)..... ►

6800.04

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)

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☒ 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

NOVAK MEDIA INC.

Nature of Debt (Purpose):

RADIO BUY & 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

B. 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

SCHENECTADY

Zip Code

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

C. 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

NEW YORK

State

NY

Zip Code

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

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

23423.45

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 36 OF 42

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):
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

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

STANDARD MODERN COMPANYNature of Debt (Purpose):
DOORHANGERS

Mailing Address 47 PLEASANT STREET

City State

Zip Code

BROCKTON

MA

02301

Outstanding Balance Beginning This Period

598.89

Transaction ID : SD10.12252

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

598.89

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

SVM, LPNature of Debt (Purpose):
GAS CARDS

Mailing Address 185 N. FRANKLIN ST REET

City

State

Zip Code

CHICAGO

IL

60606

Outstanding Balance Beginning This Period

726.26

Transaction ID : SD10.12158

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

726.26

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

23482.40

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

SVM, LPNature of Debt (Purpose):
GAS CARDS

Mailing Address 185 N. FRANKLIN ST REET

City State
CHICAGOZip Code
IL 60606

Outstanding Balance Beginning This Period

800.07

Transaction ID : SD10.12253

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

800.07

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

SVM, LPNature of Debt (Purpose):
GAS CARDS

Mailing Address 185 N. FRANKLIN ST REET

City State
CHICAGOZip Code
IL 60606

Outstanding Balance Beginning This Period

800.07

Transaction ID : SD10.12254

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

800.07

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

SVM, LPNature of Debt (Purpose):
GAS CARDS

Mailing Address 185 N. FRANKLIN ST REET

City State Zip Code
CHICAGO IL 60606

Outstanding Balance Beginning This Period

800.07

Transaction ID : SD10.12255

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

800.07

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

2400.21

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)
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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

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

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

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

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

C. 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

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

4581.64

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)
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PAGE 39 OF 42

FOR LINE NUMBER:
(check only one)
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☒ 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

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

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

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

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

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

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

3864.94

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)
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FOR LINE NUMBER:
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☐ 9
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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

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

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

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

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

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

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

1106.77

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)
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FOR LINE NUMBER:
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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

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

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

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

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

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

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

2059.64

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)
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numbered line)

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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

A. 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

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

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

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

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

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

6316.21

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

744850.12

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) ►

744850.12