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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

	or Other Than An A	tutilonized committe		0	Office Use Only			
NAME OF TOWNS COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typ over the lines.	ng, type	12FE4M5				
1199 SERVICE EMPLO	OYEES INT'L UNI	ON FEDERAL PO	DLITICAL A	ACTION FU	IND			
ADDRESS (number and street)	330 WEST 42ND STRE	ET, 7TH FLOOR						
Check if different								
than previously reported. (ACC)	NEW YORK			NY 10036				
2. FEC IDENTIFICATION NUI	MBER ▼	CITY A	SI	TATE 🛦	ZIP CODE ▲			
C C00348540	3		NEW (N) OR	AMEN (A)	NDED			
4. TYPE OF REPORT (Choose One)	Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 Sep 20	Year Only)			
(a) Quarterly Reports:	_ H	Apr 20 (M4)	Jul 20 (M7)	Oct 20	Year Only)			
April 15 Quarterly Report (Q1		Primary (12		General (12)				
X July 15 Quarterly Report (Q2	PRF-Election	H		Special (128	5)			
October 15 Quarterly Report (Q3 January 31	3)		D D / Y	Y Y Y Y in the				
Year-End Report (YE	Ele	ection on			State of			
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Electio	· ·	G)	Runoff (30R) Special (30S				
Termination Report (TER)	Report for the	ection on	D D / Y	YYYY	in the State of			
5. Covering Period 04	01 20	14 through	M M M 06	30	2014			
I certify that I have examined this	Report and to the bes	t of my knowledge and	belief it is true,	, correct and co	omplete.			
Type or Print Name of Treasurer	KEVIN FINNEGAN	. 0						
Signature of Treasurer KEVIN	I FINNEGAN	[Electronical	<i>ly Filed]</i> Dat	te 07	/ 14 / Y Y Y Y Y Y 2014			
NOTE: Submission of false, erroned	ous, or incomplete inform	ation may subject the pe	son signing this	Report to the p	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

		COLUMN A This Period	COLUMN B Calendar Year-to-Date				
(a)	Cash on Hand January 1, 2014		3098588.39				
(b)	Cash on Hand at Beginning of Reporting Period	2761488.31					
(c)	. ,	1699011.37	3374430.8				
(d	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4460499.68	6473019.1				
То	tal Disbursements (from Line 31)	2509330.00	4521849.5				
Re	ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	1951169.68	1951169.6				
the	ebts and Obligations Owed TO e Committee (Itemize all on chedule C and/or Schedule D)	0.00					
the	ebts and Obligations Owed BY e Committee (Itemize all on chedule C and/or Schedule D)	744850.12					

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

COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	,
2504.50	2657.50
1696146.95	3370904.27
1698651.45	3373561.77
0.00	0.00
0.00	0.00
1698651.45	3373561.77
0.00	0.00
0.00	0.00
0.00	0.00
	7
0.00	0.00
,	,
0.00	0.00
	200.00
	869.03
unds	
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
	. \bigsize 1698651.45 0.00 0.00 1698651.45 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

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			
. Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo I ollou	Calcilda Teal-to-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
(") N 5 1 101	0.00	0.00			
(ii) Non-Federal Share(b) Other Federal Operating	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			
Transfers to Affiliated/Other Party		45000000			
Committees	2500000.00	4500000.00			
Federal Candidates/Committees and Other Political Committees	0.00	0.00			
Independent Expenditures	0.00	0.00			
(use Schedule E)	0.00	0.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
(uso odifedule i)		0.00			
Loan Repayments Made	0.00	0.00			
	0.00	0.00			
Loans Made Refunds of Contributions To:	0.00	0.00			
(a) Individuals/Persons Other Than Political Committees	0.00	190.00			
That I office Committees	7				
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees		200			
(such as PACs)	0.00	0.00			
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))▶	0.00	190.00			
Other Disbursements	60.00	10604.51			
Federal Election Activity (2 U.S.C. §431(20))	_				
(a) Allocated Federal Election Activity					
(from Schedule H6)					
(i) Federal Share	0.00	0.00			
	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			
_					
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2509330.00	4521849.5			
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)

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, ,		. ugo o			
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1698651.45	3373561.77			
4. Total Contribution Refunds (from Line 28(d))	0.00	190.00			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1698651.45	3373371.77			
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	9270.00	11055.00			
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00			
8. Net Operating Expenditures (subtract Line 37 from Line 36)	9270.00	11055.00			

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

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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 2014 City State Zip Code Transaction ID: SA11AI.14519 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 300.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** MITRA BEHROOZI Date of Receipt Mailing Address 123 LINCOLN PLACE 05 31 2014 City State Zip Code Transaction ID: SA11AI.14520 **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 450.00 Other (specify) Full Name (Last, First, Middle Initial) c. MITRA BEHROOZI Date of Receipt Mailing Address 123 LINCOLN PLACE 30 06 2014 City State Zip Code Transaction ID: SA11AI.14521 NY **BROOKLYN** 11217 Amount of Each Receipt this Period FEC ID number of contributing 150.00 С federal political committee. PAYROLL DEDUCTION Name of Employer Occupation **Executive Director** National Benefit Fund-1199 Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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

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or for commercial purposes, other than using the	ne 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 POLITICA	AL ACTION FUND
Full Name (Last, First, Middle Initial) LAWRENCE BROOKS Mailing Address 730 PARK AVENUE City SYRACUSE FEC ID number of contributing federal political committee. Name of Employer 1199 SEIU Receipt For: Primary Other (specify) General	State Zip Code NY 13204 C Occupation Organizer 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) LAWRENCE BROOKS Mailing Address 730 PARK AVENUE City SYRACUSE FEC ID number of contributing federal political committee. Name of Employer 1199 SEIU Receipt For: Primary General Other (specify)	State Zip Code NY 13204 C Occupation Organizer 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) Kerling Charles-pierre Mailing Address 6712 Heritage Grande City Boynton Beach FEC ID number of contributing federal political committee. Name of Employer West Boca Medical Center Receipt For: Primary General Other (specify)	State Zip Code FL 33437-7906 C Occupation MONITOR TECH 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)	>	120.00
TOTAL This Period (last page this line numbe	r only)	

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

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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.
\	ME OF COMMITTEE (In Full) 199 SERVICE EMPLOYEES IN	NT'L UNION FEDERAL POLITICA	AL ACTION FUND
A. De	Name (Last, First, Middle Initial) enise Dennison iling Address 15110 State Road 54		Date of Receipt
City		State Zip Code	05 31 2014 Transaction ID : SA11AI.14542
FEC	lessa C ID number of contributing eral political committee.	FL 33556-3666	Amount of Each Receipt this Period 60.00
Med	me of Employer dical Center of Trinity ceipt For:	Occupation Paramedic Aggregate Year-to-Date ▼	PAYROLL DEDUCTION
	Primary General Other (specify) ▼	220.00	
B . <u>D</u> e	Name (Last, First, Middle Initial) enise Dennison ling Address 15110 State Road 54		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	essa C ID number of contributing	State Zip Code FL 33556-3666	Transaction ID : SA11AI.14543 Amount of Each Receipt this Period
fede Nar	eral political committee. me of Employer	Occupation	PAYROLL DEDUCTION
	dical Center of Trinity ceipt For: Primary Other (specify) ▼	Paramedic Aggregate Year-to-Date ▼ 260.00	
c. <u>K</u>	Name (Last, First, Middle Initial) erensa Dessalines		Date of Receipt
City	iling Address 3330 Spanish Moss Ter , uderhill	State Zip Code FL 33319-5062	05 31 2014 Transaction ID : SA11AI.14549
FEC	C ID number of contributing eral political committee.	C 33319-3002	Amount of Each Receipt this Period 40.00
Ker	ne of Employer ndall Regional Medical Center ceipt For:	Occupation RN Pediatrics	PAYROLL DEDUCTION
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
SUBT	FOTAL of Receipts This Page (optional)	<u> </u>	140.00
TOTA	AL This Period (last page this line number of	only)	

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

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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) Kerensa Dessalines Date of Receipt Mailing Address 3330 Spanish Moss Ter 30 2014 City State Zip Code Transaction ID: SA11AI.14550 FL Lauderhill 33319-5062 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. PAYROLL DEDUCTION Name of Employer Occupation **RN Pediatrics** Kendall Regional Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Juliann Fiorello Date of Receipt Mailing Address 2170 Polo Gardens Dr 05 31 2014 City State Zip Code Transaction ID: SA11AI.14556 Wellington FL 33414-2030 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. PAYROLL DEDUCTION Name of Employer Occupation West Palm Hospital RN Behav Hlth Staff Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Juliann Fiorello Date of Receipt Mailing Address 2170 Polo Gardens Dr 30 06 2014 City State Zip Code Transaction ID: SA11AI.14557 FL Wellington 33414-2030 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. PAYROLL DEDUCTION Name of Employer Occupation RN Behav Hlth Staff West Palm Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 100.00 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

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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) JAMES Frazier Date of Receipt Mailing Address 355 Clinton Avenue Apt. 2G 31 2014 City Zip Code State Transaction ID: SA11AI.14564 NY Brooklyn 11238 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. PAYROLL DEDUCTION Name of Employer Occupation 1199 SEIU **ORGANIZER** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. JAMES Frazier Date of Receipt Mailing Address 355 Clinton Avenue Apt. 2G 06 30 2014 City State Zip Code Transaction ID: SA11AI.14565 Brooklyn NY 11238 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. PAYROLL DEDUCTION Name of Employer Occupation 1199 SEIU ORGANIZER Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Connie Geiger Date of Receipt Mailing Address 1900 Carolina Ave NE 05 31 2014 City State Zip Code Transaction ID: SA11AI.14571 FL Saint Petersburg 33703-3410 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. PAYROLL DEDUCTION Name of Employer Occupation **RESP TEHRAPIST** Largo Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 160.00 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

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or for commercial purposes, other than using the	ne 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 POLITICA	AL ACTION FUND
Full Name (Last, First, Middle Initial) Connie Geiger Mailing Address 1900 Carolina Ave NE		Date of Receipt
City Saint Petersburg FEC ID number of contributing federal political committee. Name of Employer Largo Medical Center Receipt For: Primary General Other (specify)	State Zip Code FL 33703-3410 C Occupation RESP TEHRAPIST Aggregate Year-to-Date ▼ 260.00	Transaction ID : SA11AI.14572 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) Frank Genung Mailing Address 1533 18th Ave N City	State Zip Code	Date of Receipt 05 31 2014 Transaction ID : SA11AI.14578
Lake Worth FEC ID number of contributing federal political committee. Name of Employer St Mary Medical Center Receipt For: Primary General	FL 33460-6403 C Occupation RN 15% Aggregate Year-to-Date ▼ 225.00	Amount of Each Receipt this Period 75.00 PAYROLL DEDUCTION
Other (specify) ▼ Full Name (Last, First, Middle Initial) Frank Genung Mailing Address 1533 18th Ave N City Lake Worth	State Zip Code FL 33460-6403	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer St Mary Medical Center Receipt For: Primary General Other (specify)	C Occupation RN 15% Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 25.00 PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional)	>	140.00
TOTAL This Period (last page this line numbe	r only)	

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

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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) JAMES GOULD Date of Receipt Mailing Address 165 HONEYSUCKLE DRIVE 04 01 2014 City State Zip Code Transaction ID: SA11AI.14581 FL **JUPITER** 33458 Amount of Each Receipt this Period FEC ID number of contributing C 51.00 federal political committee. PAYROLL DEDUCTION Name of Employer Occupation WEST PALM HOSPITAL IMAGING MRI TECK SPECIALIST Receipt For: Aggregate Year-to-Date ▼ Primary General 311.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** JAMES GOULD Date of Receipt Mailing Address 165 HONEYSUCKLE DRIVE 30 04 2014 City State Zip Code Transaction ID: SA11AI.14582 **JUPITER** FL 33458 Amount of Each Receipt this Period FEC ID number of contributing 102.00 federal political committee. PAYROLL DEDUCTION Name of Employer Occupation WEST PALM HOSPITAL IMAGING MRI TECK SPECIALIST Receipt For: Aggregate Year-to-Date ▼ Primary General 413.00 Other (specify) Full Name (Last, First, Middle Initial) c. JAMES GOULD Date of Receipt Mailing Address 165 HONEYSUCKLE DRIVE 05 31 2014 City State Zip Code Transaction ID: SA11AI.14583 FL **JUPITER** 33458 Amount of Each Receipt this Period FEC ID number of contributing 102.00 С federal political committee. PAYROLL DEDUCTION Name of Employer Occupation IMAGING MRI TECK SPECIALIST WEST PALM HOSPITAL Receipt For: Aggregate Year-to-Date ▼ Primary General 515.00 Other (specify) 255.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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

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<u> </u>	NAME OF COMMITTEE (In Full)	name and address of any political committee to	
\rangle	· · · · · · · · · · · · · · · · · · ·	NT'L UNION FEDERAL POLITICA	AL ACTION FUND
Α.	Full Name (Last, First, Middle Initial) JAMES GOULD		Date of Receipt
	Mailing Address 165 HONEYSUCKLE DRIVE		06 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID : SA11AI.14584
	JUPITER	FL 33458	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	102.00
	Name of Employer	Occupation	PAYROLL DEDUCTION
	WEST PALM HOSPITAL	IMAGING MRI TECK SPECIALIST	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 617.00	
	Full Name (Last, First, Middle Initial) Vivienne Howell		Date of Receipt
Ь.	Mailing Address 12313 67th St N		M M / D D / Y Y Y Y
	12313 07th 3t N		05 31 _ 2014 _
	City	State Zip Code	Transaction ID : SA11AI.14590
	West Palm Beach	FL 33412-2068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer	Occupation	PAYROLL DEDUCTION
	Palms West Hospital	REGISTERED NURSE	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
<u> </u>	Full Name (Last, First, Middle Initial) Vivienne Howell		Date of Receipt
	Mailing Address 12313 67th St N		06 30 2014
	City	State Zip Code	Transaction ID : SA11AI.14591
	West Palm Beach	FL 33412-2068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer	Occupation	PAYROLL DEDUCTION
	Palms West Hospital	REGISTERED NURSE	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	240.00	
S	SUBTOTAL of Receipts This Page (optional)		162.00
Т	OTAL This Period (last page this line number of	only)	

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

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	S INT'L UNION FEDERAL POLITIC	AL ACTION FUND
Full Name (Last, First, Middle Initial) Johnny Jones Mailing Address 1272 NW 46th St		Date of Receipt
City Miami FEC ID number of contributing federal political committee. Name of Employer Kendall Regional Medical Center Receipt For: Primary General Other (specify)	State Zip Code FL 33142-4175 C Occupation Sanitation Assistant Aggregate Year-to-Date ▼ 220.00	Transaction ID : SA11AI.14596 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) Johnny Jones Mailing Address 1272 NW 46th St City	State Zip Code	Date of Receipt 06 30 2014 Transaction ID : SA11Al.14597
Miami FEC ID number of contributing federal political committee. Name of Employer Kendall Regional Medical Center Receipt For:	FL 33142-4175 C Occupation Sanitation Assistant Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 20.00 PAYROLL DEDUCTION
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	240.00	
Betsy Marville Mailing Address 9914 62nd Ter S City Boynton Beach	State Zip Code FL 33437-2871	Date of Receipt 05 31 2014 Transaction ID : SA11AI.14618 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer 1199 SEIU Receipt For: Primary Other (specify)	Occupation ORGANIZER Aggregate Year-to-Date ▼ 300.00	100.00 PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional)		160.00
TOTAL This Period (last page this line numb	er only)	

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

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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNION FEDERAL POLITIC	AL ACTION FUND
Full Name (Last, First, Middle Initial) A. Betsy Marville Mailing Address 9914 62nd Ter S		Date of Receipt
City Boynton Beach FEC ID number of contributing federal political committee. Name of Employer 1199 SEIU Receipt For: Primary General Other (specify)	State Zip Code FL 33437-2871 C Occupation ORGANIZER Aggregate Year-to-Date ▼ 400.00	Transaction ID : SA11AI.14619 Amount of Each Receipt this Period 100.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) Jasmine McKenzie Mailing Address 94-23 212 Place City	State Zip Code	Date of Receipt 05 31 2014
Queens Village FEC ID number of contributing federal political committee. Name of Employer Mt Sinai Hospital of Queens Receipt For:	NY 11428 C Occupation DIETARY AIDE	Transaction ID : SA11AI.14625 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Tracy Nelson Mailing Address 6451 Preakness Dr City Orlando FEC ID number of contributing federal political committee. Name of Employer Central Florida Hospital Svc & Tech Receipt For: Primary General Other (specify)	State Zip Code FL 32818-1742 C Occupation FANS Assistant 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).	<u> </u>	187.00
TOTAL This Period (last page this line number	er only)	

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

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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNION FEDERAL POLITIC	AL ACTION FUND
Full Name (Last, First, Middle Initial) Tracy Nelson Mailing Address 6451 Preakness Dr		Date of Receipt
City Orlando FEC ID number of contributing federal political committee. Name of Employer Central Florida Hospital Svc & Tech Receipt For: Primary Other (specify) Other (specify)	State Zip Code FL 32818-1742 C Occupation FANS Assistant Aggregate Year-to-Date ▼ 258.50	Transaction ID : SA11AI.14636 Amount of Each Receipt this Period 47.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) Tracy Nelson Mailing Address 6451 Preakness Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Orlando FEC ID number of contributing federal political committee.	State Zip Code FL 32818-1742	Transaction ID : SA11AI.14637 Amount of Each Receipt this Period 23.50
Name of Employer Central Florida Hospital Svc & Tech Receipt For: Primary General Other (specify) ▼	Occupation FANS Assistant Aggregate Year-to-Date ▼ 282.00	PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) Etrenne Nervil Mailing Address 229 EAST 18TH ST. #E9		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Brooklyn FEC ID number of contributing federal political committee.	State Zip Code NY 11226	Transaction ID : SA11AI.14645 Amount of Each Receipt this Period 10.00
Name of Employer Best Care, INC. Receipt For: Primary General Other (specify) ▼	Occupation Patient Care Associate Aggregate Year-to-Date ▼ 210.00	PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional)		80.50
TOTAL This Period (last page this line number	er only)	

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

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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) Denise Perry Date of Receipt Mailing Address 202 SW Coconut Key Way 31 2014 City State Zip Code Transaction ID: SA11AI.14651 FL Port Saint Lucie 34986-1912 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. PAYROLL DEDUCTION Name of Employer Occupation Palm Beach Gardens Medical Center RN SPECIALTY Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Perry Date of Receipt Mailing Address 202 SW Coconut Key Way 06 30 2014 City State Zip Code Transaction ID: SA11AI.14652 Port Saint Lucie FL 34986-1912 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. PAYROLL DEDUCTION Name of Employer Occupation Palm Beach Gardens Medical Center **RN SPECIALTY** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Bryan Putman Date of Receipt Mailing Address 14156 Crane Ter 05 31 2014 City State Zip Code Transaction ID: SA11AI.14662 FL Clearwater 33762-4503 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. PAYROLL DEDUCTION Name of Employer Occupation Histology Aide St.Petersburg General Svc & Tech Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) 135.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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

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1	NAME OF COMMITTEE (In Full)		
\rangle	1199 SERVICE EMPLOYEES IN	NT'L UNION FEDERAL POLITIC <i>A</i>	AL ACTION FUND
	Full Name (Last, First, Middle Initial) Bryan Putman		Date of Receipt
N	Mailing Address 14156 Crane Ter		06 30 2014
	City	State Zip Code	Transaction ID : SA11AI.14663
_	Clearwater	FL 33762-4503	Amount of Each Receipt this Period
	FEC ID number of contributing dederal political committee.	C	25.00
1	Name of Employer	Occupation	PAYROLL DEDUCTION
	St.Petersburg General Svc & Tech	Histology Aide	
F	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) EASHWATTIE RAMASAR		Date of Receipt
_	Mailing Address 405 AUTUMN AVE. 1FL		06 30 / Y Y Y Y Y Y
	City	State Zip Code	Transaction ID : SA11AI.14674
_	Brooklyn	NY 11208	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C	40.00
	Name of Employer	Occupation	PAYROLL DEDUCTION
	Assisted Care	HOME HEALTH AIDE	
F	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
	Full Name (Last, First, Middle Initial) Monica Russo		Date of Receipt
N	Mailing Address 11 NW 154th Street		05 31 2014
	City	State Zip Code	Transaction ID : SA11AI.14678
_	Miami	FL 33169	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C	70.00
Ī	Name of Employer	Occupation	PAYROLL DEDUCTION
	1199 SEIU	EXEC VICE PRESIDENT	
F	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	210.00	
su	JBTOTAL of Receipts This Page (optional)		135.00
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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	S INT'L UNION FEDERAL POLITIC	AL ACTION FUND
Full Name (Last, First, Middle Initial) Monica Russo Mailing Address 11 NW 154th Street		Date of Receipt
City Miami FEC ID number of contributing federal political committee. Name of Employer 1199 SEIU Receipt For: Primary General Other (specify)	State Zip Code FL 33169 C Occupation EXEC VICE PRESIDENT Aggregate Year-to-Date ▼ 280.00	Transaction ID : SA11AI.14679 Amount of Each Receipt this Period 70.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) Richard Scherb Mailing Address 1163 LAKE AVE City Clark FEC ID number of contributing federal political committee. Name of Employer Lutheran Medical Center Receipt For: Primary General Other (specify)	State Zip Code NJ 07066-2751 C Occupation Paramedic Aggregate Year-to-Date ▼ 225.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Nadine White Mailing Address 6876 NW 1st St City Margate FEC ID number of contributing federal political committee. Name of Employer Plantation General Hospital Receipt For: Primary General Other (specify)	State Zip Code FL 33063-5010 C Occupation Clin Ladder II Aggregate Year-to-Date ▼	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).	>	160.00
TOTAL This Period (last page this line number	er only)	1 1 40 1 1 40 1 1 40 1

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

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	S INT'L UNION FEDERAL POLITIC	AL ACTION FUND
Full Name (Last, First, Middle Initial) Nadine White Mailing Address 6876 NW 1st St		Date of Receipt
City Margate FEC ID number of contributing federal political committee. Name of Employer Plantation General Hospital Receipt For: Primary General Other (specify)	State Zip Code FL 33063-5010 C Occupation Clin Ladder II Aggregate Year-to-Date ▼ 260.00	Transaction ID: SA11AI.14705 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION
Full Name (Last, First, Middle Initial) Roslyn Williams Mailing Address 4024 Lakeside Dr City	State Zip Code	Date of Receipt M
Tamarac FEC ID number of contributing federal political committee. Name of Employer Westside Regional Medical Receipt For:	FL 33319-3355 C Occupation Unit Secretary	Transaction ID : SA11AI.14711 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Roslyn Williams Mailing Address 4024 Lakeside Dr City Tamarac FEC ID number of contributing federal political committee. Name of Employer Westside Regional Medical Receipt For: Primary General Other (specify)	State Zip Code FL 33319-3355 C Occupation Unit Secretary Aggregate Year-to-Date ▼ 260.00	Date of Receipt 06 30 2014 Transaction ID : SA11AI.14712 Amount of Each Receipt this Period 40.00 PAYROLL DEDUCTION
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	120.00
TOTAL This Period (last page this line numb	er only)	2504.50

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNION FEDERAL POLITIC	CAL ACTION FUND
Full Name (Last, First, Middle Initial) TD BANK Mailing Address 1710 ROUTE 70 EAST		Date of Receipt 04 30 2014
City CHERRY HILL FEC ID number of contributing federal political committee.	State Zip Code NJ 08034	Transaction ID : SA17.14502 Amount of Each Receipt this Period 80.82 INTEREST INCOME
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 589.93	INTEREST INCOME
Full Name (Last, First, Middle Initial) TD BANK Mailing Address 1710 ROUTE 70 EAST City	State Zip Code	Date of Receipt 05 30 2014 Transaction ID: SA17.14503
CHERRY HILL FEC ID number of contributing federal political committee. Name of Employer	NJ 08034 C Occupation	Amount of Each Receipt this Period 122.56 INTEREST INCOME
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 712.49	
Full Name (Last, First, Middle Initial) TD BANK Mailing Address 1710 ROUTE 70 EAST City CHERRY HILL FEC ID number of contributing	State Zip Code NJ 08034	Date of Receipt 06 30 2014 Transaction ID: SA17.14504 Amount of Each Receipt this Period
Receipt For: Primary Other (specify)	Occupation Aggregate Year-to-Date ▼ 869.03	INTEREST INCOME
SUBTOTAL of Receipts This Page (optional).	>	359.92
TOTAL This Period (last page this line numb	er only)	359.92

SCHEDULE B (FEC Form 3X)		FOD 1 11/15	OR LINE NUMBER: PAGE 22 OF 42						
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	Check only	NOMBELL:						
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NAME OF COMMITTEE (In Full)									
angle 1199 SERVICE EMPLOYEES INT	'L UNION FEDERA	L POLITIC <i>i</i>	AL ACTION FUND						
Full Name (Last, First, Middle Initial)		i							
A. HOROWITZ & ULLMANN, P.C.			Date of Disbursement						
TIONOWITZ & OLLIWATIN, T.O.			M M / D D / Y Y Y Y						
Mailing Address 275 MADISON AVENUE			04 15 2014						
SUITE 902	01-1-								
City NEW YORK	State Zip Code NY 10016		Transaction ID: SB21B.14509						
Purpose of Disbursement	10016								
ACCOUNTING FEES			Amount of Each Disbursement this Period						
Candidate Name		Category/							
		Type	7710.00						
	ment For:								
Senate	Primary General								
State: District:	Other (specify) ▼								
Full Name (Last, First, Middle Initial) B. HOROWITZ & ULLMANN, P.C.			Date of Disbursement						
5. HOROWITZ & ULLIVIANIN, P.C.			M M / D D / Y Y Y Y						
Mailing Address 275 MADISON AVENUE			06 26 2014						
SUITE 902									
City	State Zip Code		Transaction ID : SB21B.14510						
NEW YORK Purpose of Disbursement	NY 10016								
ACCOUNTING FEES			Amount of Each Disbursement this Period						
Candidate Name		Category/							
		Type	1560.00						
Office Sought: House Disburse	ment For:								
Senate	Primary General								
President	Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial) C.			Date of Disbursement						
o.									
Mailing Address			M M / D D / Y Y Y Y						
City	State Zip Code								
Purpose of Disbursement									
Purpose of Disbursement									
Candidate Name		0.4	Amount of Each Disbursement this Period						
		Category/ Type							
Office Sought: House Disburse	ment For:	71							
Senate	Primary General								
President	Other (specify) ▼								
State: District:									
			0070.00						
SUBTOTAL of Disbursements This Page (optional).		···············	9270.00						
TOTAL This Desired (feet seems 11.1.1.			9270.00						
TOTAL This Period (last page this line number only)		327 3.00						

SCHEDULE B (FEC Form 3X)		FOD : 1115	E NUMBER: PAGE 23 OF 42						
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NONE I I						
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	and address of any point	a committee to	CONGRECOMENDATIONS HOLD SUCH COMMINICE.						
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$ \: angle$ 1199 SERVICE EMPLOYEES IN	I'L UNION FEDERAL		AL ACTION FUND						
Full Name (Last, First, Middle Initial)									
			Date of Disbursement						
A. SEIU COPE FUND									
Mailing Address 4242 L CTREET NW			M M / D D / Y Y Y Y						
Mailing Address 1313 L STREET, NW			04 02 2014						
City	State Zip Code								
WASHINGTON	DC 20005		Transaction ID : SB22.14508						
Purpose of Disbursement	20000								
TRANSFER			Amount of Each Disbursement this Period						
Candidate Name		Cotogogy							
		Category/ Type	2000000.00						
Office Sought: House Disbur	sement For:	- 7 6 -							
Senate	Primary General								
President	Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial)									
B. SEIU COPE FUND			Date of Disbursement						
SEIS SSI E I SIND			M M / D D / Y Y Y Y						
Mailing Address 1313 L STREET, NW			06 24 2014						
5 ISIO E OTIVEET, IVV									
City	State Zip Code		Transaction ID : SB22.14511						
WASHINGTON	DC 20005		11a115aGUUH ID . 3BZZ.14311						
Purpose of Disbursement									
TRANSFER			Amount of Each Disbursement this Period						
Candidate Name		Category/	500000.00						
		Type	300000.00						
	sement For:								
Senate	Primary General								
President	Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial)									
C.			Date of Disbursement						
			M M / D D / Y Y Y Y						
Mailing Address									
Other	01-1-								
City	State Zip Code								
Purpose of Disbursement	1								
i dipose of Dispulsement			Assessment of Final Pills						
Candidate Name			Amount of Each Disbursement this Period						
Candidate Name		Category/							
Office Sought: House Disbur	sement For:	Туре	7 7 7						
Senate Disbut	Primary General								
President	Other (specify)								
State: District:	Other (Specify)								
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CURTOTAL of Dishumananta This Base ()	`		2500000.00						
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TOTAL This Period (last nage this line number of	dv)		2500000.00						

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or	for commercial purposes, other than using the name	e and address of any politic	cal con	nmitt	tee to	solicit co	ontrib	utions	from s	uch comr	nittee.
$ \setminus $	NAME OF COMMITTEE (In Full)		. 50					–			
I/	1199 SERVICE EMPLOYEES INT	L UNION FEDERAL	L PC)LI	HCA	L AC	Ш	NF	UND		
<u></u>	Full Name (Last, First, Middle Initial)										
A.	,					Date o	of Dis	burse	ment		
						M M	/	D	D /	Y	Y
	Mailing Address 1710 ROUTE 70 EAST					06		10	0	2014	
	City	State Zip Code			-						
	CHERRY HILL	NJ 08034				Trans	sacti	on ID	: SB29	14512	
	Purpose of Disbursement		$\overline{}$	-	\neg						
	BANK CHARGES		L.			Amour	nt of	Each	Disburs	ement th	is Period
	Candidate Name			egor	y/						60.00
	Office Sought: House Disbursen	eent For:	I,	уре				,	7		
		Primary General									
		Other (specify) ▼									
	State: District:										
	Full Name (Last, First, Middle Initial)										
В.						Date o	of Dis	burse	ment		
	Mailing Address					M = M	/	D	D /	Y	Y Y
	Mailing Address									-	
	City	State Zip Code									
	Purpose of Disbursement		Г.			Amour	nt of	Each	Diehure	ement th	is Pariod
	Candidate Name		- 1	Amount of Each Disbursement this Period							
			y/								
	Office Sought: House Disbursen	Type nent For:									
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	City	State Zip Code									
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	Office Sought: House Disbursen Senate	nent For: Primary General									
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s	UBTOTAL of Disbursements This Page (optional)				•			,			60.00
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Excluding Loans

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	L UNION FEDERAL POLITICA	L ACTION FUND
A. Full Name (Last, First, Middle Initial) of Debte 1199 SEIU	Nature of Debt (Purpose): STAFF SALARIES	
Mailing Address 330 WEST 42ND STREET		
City State NEW YORK	Zip Code NY 10036	
Outstanding Balance Beginning This Period		Transaction ID : SD10.12155
32560.00		
Amount Incurred This Period	Payment This 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 10036	
Outstanding Balance Beginning This Period		Transaction ID: SD10.12156
9465.92		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	9465.92
C. Full Name (Last, First, Middle Initial) of Deb 1199 SEIU UNITED HEALTHO		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 : SD10.6240
8091.98		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	8091.98
1) SUBTOTALS This Period This Page (optional).	>	50117.90
2) TOTALS This Period (last page this line number	er 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) ▶	

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): REIMBURSE STAFF SALARIES AND 1199 SEIU UNITED HEALTHCARE WORKERS EAST **BENEFITS** Mailing Address 330 WEST 42ND STREET State Zip Code NY **NEW YORK** 10036 Transaction ID: SD10.6241 Outstanding Balance Beginning This Period 65588.32 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 65588.32 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND 1199 SEIU UNITED HEALTHCARE WORKERS EAST **BENEFITS** Mailing Address 330 WEST 42ND STREET City State Zip Code **NEW YORK** 10036 NY Outstanding Balance Beginning This Period Transaction ID: SD10.6242 14545.49 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 14545.49 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND 1199 SEIU UNITED HEALTHCARE WORKERS EAST **BENEFITS** Mailing Address 330 WEST 42ND STREET City State Zip Code **NEW YORK** 10036 NY Transaction ID: SD10.6243 Outstanding Balance Beginning This Period 3157.42 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3157.42 0.00 83291.23 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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PAGE 27 OF 42 FOR (che

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AME OF COMMITTEE (In Full) 199 SERVICE EMPLOYEES INT'L	UNION FEDERAL POLITICA	L ACTION FUND
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing Address 330 WEST 42ND STREET		BENEFITO
City State NEW YORK	Zip Code NY 10036	_
Outstanding Balance Beginning This Period		Transaction ID : SD10.6244
56833.56 Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	56833.56
B. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCA		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 82522.06		Transaction ID : SD10.6245
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	82522.06
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 78033.76		Transaction ID : SD10.6246
Amount Incurred This Period	Payment This Period 0.00	Outstanding Balance at Close of This Period 78033.76
SUBTOTALS This Period This Page (optional)		217389.38
TOTALS This Period (last page this line number	only)	
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
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 28 OF 42 FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMP	OYFFS INT'I	UNION FEDERAL	POI ITICAL	ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debto		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET		
City	Zin Codo	4
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 Debtor	or Creditor	Nature of Debt (Purpose):
1199 SEIU UNITED HEALTHCA		REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET		
City State	Zip Code	7
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 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 : SD10.6249
12962.04		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	12962.04
I) 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)	
A) 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 29 OF 42 FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMP	OYFFS INT'I	UNION FEDERAL	POI ITICAL	ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debto		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND
1199 SEIU UNITED HEALTHC	AKE WUKKERS EAST	BENEFITS
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)	<u> </u>	21664.12
2) TOTALS This Period (last page this line number	only)	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
A) 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 30 OF
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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 Debto	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS		
Mailing Address 330 WEST 42ND STREET	1199 SEIU UNITED HEALTHCARE WORKERS EAST		
Walling Address 330 WEST 42ND STREET			
City State	Zip Code	7	
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		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	1	
NEW YORK	NY 10036		
Outstanding Balance Beginning This Period		Transaction ID : SD10.6288	
9286.03			
	Decree and This Decired	Outstanding Delegans at Olegan of This Desired	
Amount Incurred This Period	Payment 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):	
1199 SEIU UNITED HEALTHC	ARE WORKERS EAST	REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing Address 330 WEST 42ND STREET		- BENEFITO	
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	only)		
B) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		
ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶		

SCHEDULE D (FEC Form 3X) DE

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PAGE 31 OF

DEBTS AND OBLIGATIONS Excluding Loans	schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	×	9 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLIT	TICAL ACTIOI	N FUND		

A. Full Name (Last, First, Middle Initial) of Debt	Nature of Debt (Purpose):	
1199 SEIU UNITED HEALTHO	REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing Address 330 WEST 42ND STREET		-
City State	Zip Code	†
NÉW YORK	NY 10036	
Outstanding Balance Beginning This Period		Transaction ID : SD10.11209
20006.45		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	20006.45
0.00	0.00	20000.10
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose):
1199 SEIU UNITED HEALTHC.	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 : SD10.11206
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 Debt	or or Creditor	Nature of Debt (Purpose):
1199 SEIU UNITED HEALTHO		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
SUBTOTALS This Period This Page (optional)		227499.49
TOTALS This Period (last page this line number	r only)	
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
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 32 OF 42 FOR LINE (check 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 Debto AMERICAN EXPRESS	Nature of Debt (Purpose): CATERING	
Mailing Address P.O. BOX 2855		
City State NEW YORK	Zip Code NY 10116-2855	_
Outstanding Balance Beginning This Period		Transaction ID : SD10.6289
240.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	240.00
B. Full Name (Last, First, Middle Initial) of Debtor AVIS RENT A CAR SYSTEM, IN		Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 7876 COLLECTIONS CTR DRIV	/E	
City State CHICAGO	Zip Code IL 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
0.00	0.00	1156.12
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose): REIMBURSEMENT FOR CATERING EXPENSES
Mailing Address 2 WILCOTT PARK		
City MEDFORD	State Zip Code MA 02155	
Outstanding Polones Posinging This Paris		Transaction ID : SD10.6541
Outstanding Balance Beginning This Period		
Outstanding Balance Beginning This Period 43.65		
	Payment This Period	Outstanding Balance at Close of This Period
43.65	Payment This Period 0.00	
43.65 Amount Incurred This Period	0.00	Outstanding Balance at Close of This Period
43.65 Amount Incurred This Period 0.00	0.00	Outstanding Balance at Close of This Period 43.65
43.65 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	0.00 only)	Outstanding Balance at Close of This Period 43.65

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 33 OF
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 Debto	r or Creditor		Nature of Debt (Purpose):
LILLIAN CARINO			REIMBURSEMENT FOR TRAVEL EXPENSES
Mailing Address 327 SAINT NICHOLAS AVENUE APT. 2N			
City State	Zip Code		
NEW YORK	NY	10027-3609	
Outstanding Balance Beginning This Period			Transaction ID : SD10.6508
45.00			
Amount Incurred This Period	Payr	ment 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	Pavr	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	MO	64184-0173	
Outstanding Balance Beginning This Period			Transaction ID : SD10.12248
3138.94			
Amount Incurred This Period	Pavr	nent This Period	Outstanding Balance at Close of This Period
0.00		0.00	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 on	ly) l	
4) ADD 2) and 3) and carry forward to appropriate	line of Summar	y Page (last page only) I	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 34 OF 42

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UNION FEDERAL POLITIC	AL ACTION FUND	
or Craditor	Nature of Debt (Purpose):	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENTERPRISE RENT-A-CAR		
Zip Code		
MO 64184-0173		
	Transaction ID : SD10.12250	
Payment This Period	Outstanding Balance at Close of This Period	
0.00	3587.36	
or Creditor	Nature of Debt (Purpose): MAILINGS	
	MAILINGS	
420		
Zip Code		
VA 22311		
	Transaction ID : SD10.8322	
Payment This Period	Outstanding Balance at Close of This Period	
	1606.34	
0.00	1000.54	
or Creditor	Nature of Debt (Purpose):	
	MAILINGS	
<u> </u>		
VA 22311		
	Transaction ID : SD10.8323	
	Outstanding Balance at Close of This Period	
0.00	1606.34	
	6900.04	
)	6800.04	
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ine of Summary Page (last page only)		
	Zip Code MO 64184-0173 Payment This Period 0.00 Tor Creditor 2420 Zip Code VA 22311 Payment This Period 0.00 or Creditor E 420 State Zip Code VA 22311 Payment This Period 0.00 Or Creditor	

Excluding Loans

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

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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 Debto	or or Creditor	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		Transaction ID: SD10.7361
18850.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	18850.00
B. Full Name (Last, First, Middle Initial) of Debtor ANTONELLA PECHTEL	r or Creditor	Nature of Debt (Purpose): REIMBURSEMENT CATERING EXPENSE
Mailing Address 401 ROSE AVE		
City State SCHENECTADY	Zip Code NY 12308	
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
0.00	0.00	201.39
C. Full Name (Last, First, Middle Initial) of Debto		Nature of Debt (Purpose): ROBO CALLS
Mailing Address 330 WEST 42ND STREET		
City NEW YORK	State Zip Code NY 10036	
Outstanding Balance Beginning This Period 4372.06		Transaction ID: SD10.7362
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	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) ▶	

(Use separate schedule(s) for each

PAGE OF FOR LINE NUMBER: (check only one)

xcluding Loans			bered line)	(Check only one)
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL PO	LITICA	L ACTIO	N FUND
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEIU COMMUNICATIONS CENTER LLC.			Nature of D PHONE BA	ebt (Purpose): NK CALLS
Mailing Address 330 WEST 42ND STREET			-	
City State NEW YORK	Zip Code NY 10036		_	
Outstanding Balance Beginning This Period 22157.25			Transacti	on ID : SD10.8325
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	7	0.00		22157.25
B. Full Name (Last, First, Middle Initial) of Debtor STANDARD MODERN COMPA			Nature of D DOORHAN	ebt (Purpose): IGERS
Mailing Address 47 PLEASANT STREET			-	
City State BROCKTON	Zip Code MA 02301			
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.12252
598.89 Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00		0.00		598.89
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D GAS CARE	ebt (Purpose): DS
Mailing Address 185 N. FRANKLIN ST REET			-	
City CHICAGO	State Zip Code IL 60606		_	
Outstanding Balance Beginning This Period 726.26			Transact	ion ID : SD10.12158
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	7	0.00		726.26
SUBTOTALS This Period This Page (optional)		>		23482.40
2) TOTALS This Period (last page this line number	only)	>		7
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 pag	e only) ▶		

Excluding Loans

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PAGE	37	OF	42
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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 Debto	or or Creditor	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	00000	Transaction ID : SD10.12253
800.07		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	800.07
B. Full Name (Last, First, Middle Initial) of Debtor SVM, LP	or Creditor	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 800.07		Transaction ID : SD10.12254
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	800.07
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose): GAS CARDS
Mailing Address 185 N. FRANKLIN ST REET		
City CHICAGO	State Zip Code IL 60606	
Outstanding Balance Beginning This Period 800.07		Transaction ID : SD10.12255
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	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) ▶	

Excluding Loans

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

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	_ UNION FEDERAL PC	DLITICAL ACTIO	N FUND
A. Full Name (Last, First, Middle Initial) of Debt UNION TRAVEL MASTERCAI		Nature of D CATERING	ebt (Purpose): B EXPENSES
Mailing Address P.O. BOX 88000			
City State BALTIMORE	Zip Code MD 21288		
Outstanding Balance Beginning This Period 1897.47 Amount Incurred This Period 0.00	Payment This Period		on ID: SD10.6517 Ing Balance at Close of This Period 1897.47
B. Full Name (Last, First, Middle Initial) of Debto			ebt (Purpose): EXPENSES
Mailing Address P.O. BOX 88000			
City State BALTIMORE	Zip Code MD 21288		
Outstanding Balance Beginning This Period 1849.15		Transact	ion ID : SD10.6518
Amount Incurred This Period 0.00	Payment This Period	Outstandir	ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debi UNION TRAVEL MASTERCAL			ebt (Purpose): E EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State Zip Code MD 21288		
Outstanding Balance Beginning This Period 835.02		Transact	ion ID : SD10.6519
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00	835.02
1) SUBTOTALS This Period This Page (optional))	4581.64
2) TOTALS This Period (last page this line number	er 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	ue only) ▶	

SCHEDULE D (FEC Form 3X)

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AME OF COMMITTEE (In Full) 199 SERVICE EMPLOYEES INT'L	UNION I	FEDERAL POLI	TICAL A	CTION FUN	
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ure of Debt (Pur	
UNION TRAVEL MASTERCAR	RD		IR	AVEL EXPENSE	:5
Mailing Address P.O. BOX 88000					
City State BALTIMORE	Zip Code MD				
Outstanding Balance Beginning This Period 435.95			Tr	ansaction ID : S	SD10.6520
Amount Incurred This Period	Р	ayment This Period	0	utstanding Balan	ice at Close of This Period
0.00	· ,	(0.00		435.95
B. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI Mailing Address P.O. BOX 88000				ure of Debt (Pur AVEL EXPENSE	' '
City State	Zip Code	<u>e</u>			
BALTIMORE	MD	21288			
Outstanding Balance Beginning This Period 1056.95			Т	ransaction ID :	SD10.6521
Amount Incurred This Period	Р	ayment This Period	0	utstanding Balan	ice at Close of This Period
0.00	· ,	(0.00		1056.95
C. Full Name (Last, First, Middle Initial) of Debto UNION TRAVEL MASTERCAR				ure of Debt (Pur TERING EXPEN	
Mailing Address P.O. BOX 88000					
City BALTIMORE	State MD	Zip Code 21288			
Outstanding Balance Beginning This Period			Т	ransaction ID :	SD10.6522
2372.04					
Amount Incurred This Period	Р	ayment This Period	0	utstanding Balan	ice at Close of This Period
0.00	l		0.00		2372.04

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).....

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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 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
B. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARD		Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000		
City State BALTIMORE	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
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 : SD10.6536
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	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		

Excluding Loans

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

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FE	EDERAL 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
	ment This Period Outstanding Balance at Close of This Period
0.00	0.00 524.80
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 Payr 0.00	ment This Period Outstanding Balance at Close of This Period 0.00 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 BALTIMORE MD	Zip Code 21288
Outstanding Balance Beginning This Period 419.84	Transaction ID : SD10.6539
Amount Incurred This Period Payr 0.00	ment This Period Outstanding Balance at Close of This Period 0.00 419.84
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 on	nly)
4) ADD 2) and 3) and carry forward to appropriate line of Summar	ry Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 42 OF
FOR LINE NUMBER:
(check only one)

	110	X 10	
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES IN	T'L UNION FEDERAL POLITICA	AL ACTION FUND	
A. Full Name (Last, First, Middle Initial) of [Debtor or Creditor	Nature of Debt (Purpose):	
UNION TRAVEL MASTER		TRANSPORTATION COSTS	
UNION TRAVEL WASTER	JARD		
Mailing Address P.O. BOX 88000			
City State	Zip Code		
BALTIMORE	MD 21288		
Outstanding Balance Beginning This Perio	d	Transaction ID : SD10.6545	
	1		
539.45			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	539.45	
B. Full Name (Last, First, Middle Initial) of D	ehtor or Creditor	Nature of Debt (Purpose):	
UNION TRAVEL MASTERC.		CATERING EXPENSES	
Mailing Address P.O. BOX 88000			
City State	Zip Code		
BALTIMORE	MD 21288		
Outstanding Balance Beginning This Perio	d	Transaction ID: SD10.6546	
	1		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2552.60	
C. Full Name (Last, First, Middle Initial) of I UNION TRAVEL MASTERO		Nature of Debt (Purpose): CATERING EXPENSES	
Mailing Address P.O. BOX 88000			
City	State Zip Code		
BALTIMORE	MD 21288		
Outstanding Balance Beginning This Perio	d	Transaction ID : SD10.6548	
Cutotanding Edianoe Beginning This Fene			
3224.16			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	3224.16	
0.00	0.00	3224.10	
1) SUBTOTALS This Period This Page (option	nal)	. 6316.21	
2) TOTALS This Period (last page this line nu	mber only)	744850.12	
3) TOTAL OUTSTANDING LOANS from Sche	dule C (last page only)	0.00	
4) ADD 2) and 3) and carry forward to approp	priate line of Summary Page (last page only)	744850.12	
., in a control to ward to approp	mate into or cuminary rage (last page offly)		