FEC FORM 3X	AND	PORT OF R DISBURS Ther Than An Auth	EMENTS	ee	Office Use Only	
1. NAME OF COMMITTEE (in fi		EC MAILING LABEL PE OR PRINT 👻	Example:If typing over the lines	ı, type		
1199 SERVICE EN		UNION FEDERAL POL		ND		
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C00348540				NEW OR X	AMENDED (A)	
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5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer	ined this Report ar reasurer <u>KE</u> Ele <u>ctronically Fi</u>	VIN FINNEGAN	GAN	Date	nplete.	2 0 0 9 C 437g.
Office Use Only					FEC FORM (Rev. 12/2004	

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Y Y

2008

DD

24

COLUMN B

347775.25

Calendar Year-to-Date

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND МИ YW ММ D D Y Y 10 16 2008 1.1 Report Covering the Period: From: To: **COLUMN A** This Period 6. (a) Cash on Hand Ž008 ^v v January 1

	(b) Cash on Hand at Begining of Reporting Period	755671.76	
	(c) Total Receipts (from Line 19)	717580.28	5730607.04
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1473252.04	6078382.29
7.	Total Disbursements (from Line 31)	659581.24	5264711.49
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	813670.80	813670.80
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)	2461808.47	

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

FE6AN026

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 ^M10 1^D6 ^M ^M 2^D4 Μ D D 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 3467.00 60.00 (i) Itemized (use Schedule A) 717520.28 5727140.04 (ii) Unitemized (iii) TOTAL (add 717580.28 5730607.04 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines (d) 11(a)(iii),(b) and (c)) (Carry 717580.28 5730607.04 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 717580.28 5730607.04 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 717580.28 5730607.04 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

	Total This Period	COLUMN B Calendar Year-to-Date
1. Operating Expenditures: - (a) Shared Federal/Non-Federal -		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	5480.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) >	0.00	5480.00
2. Transfers to Affiliated/Other Party Committees	0.00	3375322.53
3. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
4. Independent Expenditure (use Schedule E)	610891.26	1622834.85
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
8. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	529.96
(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	529.96
9. Other Disbursements	48689.98	260544.15
 Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	659581.24	5264711.49
2. Total Federal Disbursements		

FE6AN026

DETAILED SUMMARY PAGE

	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)	717580.28	5730607.04
34.	Total Contribution Refunds (from Line 28(d))	0.00	529.96
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	717580.28	5730077.08
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	5480.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	5480.00

FE6AN026

Α.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 81 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the	for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UN	NION FEDERAL POLITICAL ACTION FU	ND
Full Name (Last, First, Middle Initial) MAUREEN ESTWICK Mailing Address 1681 E 53RD STREET		Date of Receipt
City BROOKLYN	State Zip Code NY 11234	Transaction ID: SA11AI.6553 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MAIMONIDES MEDICAL CENTER	Occupation PATIENT CARE TECHNICIAN	PAYROLL DEDUCTION \$60 PER MONTH
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	►	60.00
TOTAL This Period (last page this line number only)	►	60.00

ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page [Disku diff Vale) Any Information copied from such Reports and Statements may not be sold or used by any person the purpose of solelling core of or commercial purposes, other than using the name and address of any political committee to solicit contributions from such core of or commercial purposes, other than using the name and address of any political committee to solicit contributions from such core of or commercial purposes, other than using the name and address of any political committee to solicit contributions from such core of commercial purposes, other than using the name and address of any political committee to solicit contributions from such core of commercial purposes, other than using the name and address of any political committee to solicit contributions from such core of commercial purposes, other than using the name and address of any political committee to solicit contributions from such core of commercial purposes, other than using the name and address of any political committee to solicit contributions from such core of commercial purposes, other than using the name and address of any political committee to solicit contributions from such core of the commercial purposes of Disbursement Refer. No PORK NY 10036 Purpose of Disbursement Purpose of Disbursement Proceed Disbursement Purpose of Disbursement State Proble VORK NY 10036 Purpose of Disbursement Purpose of Disbursement Purpose of Disbursement NY 10036 Purpose of Disbursement NY 10036 Purpose of Disbursement Purpose of Disbursement	PAGE 7/81	NUMBER:				Use separate schedule(s)	C Form 3X)	B (FEC F	CHEDULE
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S	CHEDULE B (FEC Form	3X)	FOR LINE	NUMBER: PAGE 8/81
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	r for commercial purposes, other than usin			
	NAME OF COMMITTEE (In Full)			
Z		T'L UNION FEDERAL POLITICAI	_ ACTION FUN	D
Α.	Full Name (Last, First, Middle Initial)			Transaction ID: SB29.6559
А.	THE DEMOCRATIC COUNTY EX	KECUTIVE COMM. OF PHILADE	LPHIA	Date of Disbursement
	Mailing Address 1421 WALNUT	STREET		$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ \end{array} \\ \end{array} \\ \left(\begin{array}{c} D \\ 3 \end{array} \right) \\ \end{array} \\ \left(\begin{array}{c} D \\ 3 \end{array} \right) \\ \end{array} \\ \left(\begin{array}{c} Y \\ 2 \end{array} \right) \\ \end{array} \\ \left(\begin{array}{c} Y \\ 2 \end{array} \right) \\ \end{array} \\ \left(\begin{array}{c} Y \\ 2 \end{array} \right) \\ \end{array} \\ \left(\begin{array}{c} Y \\ Y \\ 2 \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \right) \\ \left(\begin{array}{c} Y \\ Y $
	City PHILADELPHIA	State Zip Code PA 19102		Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION			15000.00
	Candidate Name		Category/ Type	
	Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		
	Full Name (Last, First, Middle Initial)			
В.	UNIVERSAL HEALTH SERVICES	S, INC.		Transaction ID: SB29.6454 Date of Disbursement
	Mailing Address 367 SOUTH GU PO BOX 61559			10 ^M /24/2008 ^Y
	City KING OF PRUSSIA	State Zip Code PA 19406		Amount of Each Disbursement this Period
	Purpose of Disbursement REIMBURSEMENT MEDICAL COVE	RAGE		538.87
	Candidate Name		Category/ Type	
	Office Sought: House	Disbursement For:		
	Senate	Primary General		
	State: District:	Other (specify)		

FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2
TOTAL This Period (last page this line number only)	►	48625.82
SUBTOTAL of Disbursements This Page (optional)	►	15538.87

SCHEDULE D (FEC	Form 3X)		(Use separate	PAGE 9 / 81
DEBTS AND OBLIC Excluding Loans			schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE	, ,	I FEDERAL POLITICAL ACTION	FUND	
	First, Middle Initial) of Debt		Nature of D REIMB. S DIEM EXI	ebt (Purpose): TAFF SALARIES PER PENSES
Mailing Address 33	0 WEST 42ND STREE	T		
City NEW YORK	State NY	ZIP Code 10036		
Outstanding Balan	ce Beginning This Period		Tra	nsaction ID: SD10.5920
	13792.27			
Amount Inc	curred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	13792.27		0.00
	First, Middle Initial) of Debt D HEALTHCARE WOI			ebt (Purpose): [AFF SALARIES PER PENSES
Mailing Address 33	0 WEST 42ND STREE	T		
City NEW YORK	State NY	ZIP Code 10036		
Outstanding Balan	ce Beginning This Period		Tra	nsaction ID: SD10.5921
	55148.71			
Amount Inc	55148.71 curred This Period	Payment This Period	-	ng Balance at Close of This Period
Amount Inc		Payment This Period 55148.71	-	ng Balance at Close of This Period 0.00
C. Full Name (Last,	curred This Period	55148.71 tor or Creditor	Outstandii	
C. Full Name (Last, 1199 SEIU UNITE	First, Middle Initial) of Debt	55148.71 tor or Creditor RKERS EAST	Outstandii	0.00 ebt (Purpose):
C. Full Name (Last, 1199 SEIU UNITE Mailing Address 33 City	First, Middle Initial) of Debt D HEALTHCARE WO WEST 42ND STREE State	55148.71 tor or Creditor RKERS EAST ET ZIP Code	Outstandii	0.00 ebt (Purpose):
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C. Full Name (Last, 1199 SEIU UNITE Mailing Address 33 City NEW YORK Outstanding Balan	Surred This Period 0.00 First, Middle Initial) of Debi D HEALTHCARE WOL O WEST 42ND STREE State NY Ice Beginning This Period	55148.71 tor or Creditor RKERS EAST ET ZIP Code 10036	Outstandin Nature of D REIMB.S DIEM EXI	0.00 ebt (Purpose): [AFF SALARIES PER PENSES
C. Full Name (Last, 1199 SEIU UNITE Mailing Address 33 City NEW YORK Outstanding Balan	First, Middle Initial) of Debo D HEALTHCARE WOL WEST 42ND STREE State NY Ice Beginning This Period 3785.16	55148.71 tor or Creditor RKERS EAST ET ZIP Code	Outstandin Nature of D REIMB.S DIEM EXI	0.00 ebt (Purpose): [AFF SALARIES PER PENSES
C. Full Name (Last, 1199 SEIU UNITE Mailing Address 33 City NEW YORK Outstanding Balan Amount Inc	Surred This Period 0.00 First, Middle Initial) of Debi D HEALTHCARE WOL O WEST 42ND STREE State NY Ice Beginning This Period 3785.16 Surred This Period 0.00	55148.71 tor or Creditor RKERS EAST ET ZIP Code 10036 Payment This Period	Outstandin Nature of D REIMB.S DIEM EXI	0.00 ebt (Purpose): TAFF SALARIES PER PENSES nsaction ID: SD10.5922
C. Full Name (Last, 1199 SEIU UNITE Mailing Address 33 City NEW YORK Outstanding Balan Amount Inc	First, Middle Initial) of Debt D HEALTHCARE WOL D WEST 42ND STREE State NY Ince Beginning This Period 3785.16 Furred This Period 0.00	55148.71 tor or Creditor RKERS EAST ET ZIP Code 10036 Payment This Period 3785.16	Outstandin Nature of D REIMB.S DIEM EXI	0.00 ebt (Purpose): [AFF SALARIES PER PENSES msaction ID: SD10.5922 mg Balance at Close of This Period 0.00
C. Full Name (Last, 1199 SEIU UNITE Mailing Address 33 City NEW YORK Outstanding Balan Amount Inc	Surred This Period 0.00 First, Middle Initial) of Debt D HEALTHCARE WOL O WEST 42ND STREE State NY Ice Beginning This Period 3785.16 Surred This Period 0.00 Period This Page (optional d (last page this line number	55148.71 tor or Creditor RKERS EAST ET ZIP Code 10036 Payment This Period 3785.16	Outstandii Nature of D REIMB S DIEM EXI	0.00 ebt (Purpose): [AFF SALARIES PER PENSES msaction ID: SD10.5922 ng Balance at Close of This Period 0.00

			PAGE 10 / 81
SCHEDULE D (FEC Form 3X)		(Use separate	
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			
1199 SERVICE EMPLOYEES INT'L UNION F	EDERAL POLITICAL ACTION	FUND	
A. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WORK		Nature of D REIMBUF AND BEN	ebt (Purpose): RSE STAFF SALARIES EFITS
Mailing Address 330 WEST 42ND STREET			
City State NEW YORK NY	ZIP Code 10036		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6219
194991.37			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	194991.37		0.00
B. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WORK			ebt (Purpose): ISE STAFF SALARIES EFITS
Mailing Address 330 WEST 42ND STREET			
City State NEW YORK NY	ZIP Code 10036		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6220
68385.03			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	68385.03		0.00
C. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WORK		Nature of D REIMBUF AND BEN	ebt (Purpose): ISE STAFF SALARIES EFITS
Mailing Address 330 WEST 42ND STREET			
City State	ZIP Code		
NEW YORK NY	10036		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6221
79571.73			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	79571.73	0 0 0	0.00
1) SUBTOTALS This Period This Page (optional)			0.00
2) TOTALS This Period (last page this line number of		▶	
	le C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate li			

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS		(Use sepa schedule for eac	e(s)	PAGE 11 / 81 FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered	l line)	X 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION F	EDERAL POLITICAL ACTION	FUND		
A. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WOR		Natu REI ANI	ure of De MBUR D BENI	ebt (Purpose): SE STAFF SALARIES EFITS
Mailing Address 330 WEST 42ND STREET				
City State NEW YORK NY	ZIP Code 10036			
Outstanding Balance Beginning This Period			Trar	saction ID: SD10.6222
139666.28				
Amount Incurred This Period	Payment This Period	Ou	Itstandin	g Balance at Close of This Period
0.00	120433.73			19232.55
B. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WOR		Natu REI ANI	ure of De MBUR D BENI	ebt (Purpose): SE STAFF SALARIES EFITS
Mailing Address 330 WEST 42ND STREET				
City State NEW YORK NY	ZIP Code 10036			
Outstanding Balance Beginning This Period			Trar	saction ID: SD10.6223
166554.68				
Amount Incurred This Period	Payment This Period	Ou	Itstandin	g Balance at Close of This Period
0.00	0.00		1 1	166554.68
C. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WOR		Natu REI ANI	ire of De MBUR D BENI	ebt (Purpose): SE STAFF SALARIES EFITS
Mailing Address 330 WEST 42ND STREET				
City State NEW YORK NY	ZIP Code 10036			
Outstanding Balance Beginning This Period			Trar	saction ID: SD10.6224
315631.16				
Amount Incurred This Period	Payment This Period	Ou	Itstandin	g Balance at Close of This Period
0.00	0.00			315631.16
1) SUBTOTALS This Period This Page (optional)				501418.39
2) TOTALS This Period (last page this line number of		_ • [
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	_ • [
4) ADD 2) and 3) and carry forward to appropriate	ine of Summary Page (last page only)		1 1	

SCHEDULE D (FEC For	m 3¥)		(Use separate	PAGE 12/81
•	•		schedule(s)	
DEBTS AND OBLIGATIC Excluding Loans	N 5		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Fu	ıll)		,	X 10
	,	FEDERAL POLITICAL ACTION	FUND	
A. Full Name (Last, First, M 1199 SEIU UNITED HE	,		Nature of D REIMBUF AND BEN	ebt (Purpose): ISE STAFF SALARIES EFITS
Mailing Address 330 WE	ST 42ND STREE	T		
City NEW YORK	State NY	ZIP Code 10036		
Outstanding Balance Beg	ginning This Period		Tra	nsaction ID: SD10.6225
1.	45572.51			
Amount Incurred	This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0 0 0 0 0 0	0.00	0.00		145572.51
	0.00			
B. Full Name (Last, First, M 1199 SEIU UNITED HE				ebt (Purpose): ISE STAFF SALARIES EFITS
Mailing Address 330 WE	ST 42ND STREE	T		
City	State	ZIP Code		
NEW YORK	NY	10036		
Outstanding Balance Beg	inning This Period		Tra	nsaction ID: SD10.6226
	inning This Period 65696.53		Tra	nsaction ID: SD10.6226
	65696.53	Payment This Period	-	
	65696.53 This Period		-	ng Balance at Close of This Period
	65696.53	Payment This Period	-	
	65696.53 This Period 0.00 //iddle Initial) of Deb	0.00	Outstandir	ng Balance at Close of This Period
Amount Incurred C. Full Name (Last, First, M	65696.53 This Period 0.00 Alddle Initial) of Deb ALTHCARE WO	0.00 tor or Creditor RKERS EAST	Outstandir	ng Balance at Close of This Period 65696.53 ebt (Purpose):
Amount Incurred C. Full Name (Last, First, M 1199 SEIU UNITED HE	65696.53 This Period 0.00 Alddle Initial) of Deb ALTHCARE WO	0.00 tor or Creditor RKERS EAST	Outstandir	ng Balance at Close of This Period 65696.53 ebt (Purpose):
Amount Incurred C. Full Name (Last, First, M 1199 SEIU UNITED HE Mailing Address 330 WE	65696.53 This Period 0.00 Alddle Initial) of Deb ALTHCARE WO SST 42ND STREE	0.00 tor or Creditor RKERS EAST	Outstandir	ng Balance at Close of This Period 65696.53 ebt (Purpose):
Amount Incurred C. Full Name (Last, First, M 1199 SEIU UNITED HE Mailing Address 330 WE City	65696.53 This Period 0.00 Alddle Initial) of Debr ALTHCARE WO ST 42ND STREE State NY	0.00 tor or Creditor RKERS EAST ET ZIP Code	Outstandii Nature of D REIMBUF AND BEN	ng Balance at Close of This Period 65696.53 ebt (Purpose):
Amount Incurred C. Full Name (Last, First, N 1199 SEIU UNITED HE Mailing Address 330 WE City NEW YORK Outstanding Balance Beg	65696.53 This Period 0.00 Alddle Initial) of Debr ALTHCARE WO ST 42ND STREE State NY	0.00 tor or Creditor RKERS EAST ET ZIP Code	Outstandii Nature of D REIMBUF AND BEN	ebt (Purpose): SE STAFF SALARIES EFITS
Amount Incurred C. Full Name (Last, First, N 1199 SEIU UNITED HE Mailing Address 330 WE City NEW YORK Outstanding Balance Beg	65696.53 This Period 0.00 Alddle Initial) of Deb ALTHCARE WO SST 42ND STREE State NY ginning This Period 21859.06	0.00 tor or Creditor RKERS EAST ET ZIP Code	Outstandin Nature of D REIMBUF AND BEN	ebt (Purpose): SE STAFF SALARIES EFITS
Amount Incurred C. Full Name (Last, First, M 1199 SEIU UNITED HE Mailing Address 330 WE City NEW YORK Outstanding Balance Beg	65696.53 This Period 0.00 Alddle Initial) of Deb ALTHCARE WO SST 42ND STREE State NY ginning This Period 21859.06	0.00 tor or Creditor RKERS EAST ET ZIP Code 10036	Outstandin Nature of D REIMBUF AND BEN	ng Balance at Close of This Period 65696.53 ebt (Purpose): ISE STAFF SALARIES EFITS
Amount Incurred C. Full Name (Last, First, N 1199 SEIU UNITED HE Mailing Address 330 WE City NEW YORK Outstanding Balance Beg	65696.53 This Period 0.00 Middle Initial) of Debi ALTHCARE WOL SST 42ND STREE State NY ginning This Period 21859.06 This Period 0.00	0.00 tor or Creditor RKERS EAST ET ZIP Code 10036 Payment This Period	Outstandin Nature of D REIMBUF AND BEN	ng Balance at Close of This Period 65696.53 ebt (Purpose): ISE STAFF SALARIES EFITS nsaction ID: SD10.6227 ng Balance at Close of This Period
Amount Incurred C. Full Name (Last, First, N 1199 SEIU UNITED HE Mailing Address 330 WE City NEW YORK Outstanding Balance Beg Amount Incurred 1) SUBTOTALS This Period	65696.53 This Period 0.00 Middle Initial) of Debr ALTHCARE WOL ST 42ND STREE State NY ginning This Period 21859.06 This Period 0.00 This Page (optional	0.00 tor or Creditor RKERS EAST ET ZIP Code 10036 Payment This Period 0.00	Outstandin Nature of D REIMBUF AND BEN	ng Balance at Close of This Period 65696.53 ebt (Purpose): ISE STAFF SALARIES EFITS nsaction ID: SD10.6227 ng Balance at Close of This Period 21859.06
Amount Incurred C. Full Name (Last, First, N 1199 SEIU UNITED HE Mailing Address 330 WE City NEW YORK Outstanding Balance Beg Amount Incurred 1) SUBTOTALS This Period	65696.53 This Period 0.00 Aiddle Initial) of Debi ALTHCARE WOL ST 42ND STREE State NY ginning This Period 21859.06 This Period 0.00 This Page (optional page this line number	0.00 tor or Creditor RKERS EAST ET ZIP Code 10036 Payment This Period 0.00	Outstandin Nature of D REIMBUF AND BEN	ng Balance at Close of This Period 65696.53 ebt (Purpose): ISE STAFF SALARIES EFITS nsaction ID: SD10.6227 ng Balance at Close of This Period 21859.06

SCHEDULE D (FEC Form 3X)]	(Use separate	PAGE 13 / 81
		schedule(s)	
DEBTS AND OBLIGATIONS Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)		,	
1199 SERVICE EMPLOYEES INT'L UNION F	EDERAL POLITICAL ACTION	FUND	
A. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WORK		Nature of D REIMBUF AND BEN	ebt (Purpose): RSE STAFF SALARIES IEFITS
Mailing Address 330 WEST 42ND STREET			
City State NEW YORK NY	ZIP Code 10036		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6228
24981.78			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		24981.78
B. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WORK			ebt (Purpose): RSE STAFF SALARIES IEFITS
Mailing Address 330 WEST 42ND STREET			
City State NEW YORK NY	ZIP Code 10036		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6230
185510.45			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		185510.45
C. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WORK			lebt (Purpose): RSE STAFF SALARIES IEFITS
Mailing Address 330 WEST 42ND STREET			
City State NEW YORK NY	ZIP Code 10036		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6231
266610.52			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		266610.52
1) SUBTOTALS This Period This Page (optional)			477102.75
2) TOTALS This Period (last page this line number of		•	
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate li	ine of Summary Page (last page only)		

			PAGE 14 / 81
SCHEDULE D (FEC Form 3X)		(Use separate	
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line)	(check only one) X 10
NAME OF COMMITTEE (In Full)			
1199 SERVICE EMPLOYEES INT'L UNIC	ON FEDERAL POLITICAL ACTION	FUND	
A. Full Name (Last, First, Middle Initial) of D 1199 SEIU UNITED HEALTHCARE W		Nature of D REIMBUF AND BEN	ebt (Purpose): RSE STAFF SALARIES EFITS
Mailing Address 330 WEST 42ND STR	EET		
City State NEW YORK NY	ZIP Code 10036		
Outstanding Balance Beginning This Peric	d	Tra	nsaction ID: SD10.6232
134980.86			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		134980.86
B. Full Name (Last, First, Middle Initial) of D 1199 SEIU UNITED HEALTHCARE W			ebt (Purpose): ISE STAFF SALARIES EFITS
Mailing Address 330 WEST 42ND STR	EET		
City State NEW YORK NY	ZIP Code 10036		
Outstanding Balance Beginning This Peric	d	Tra	nsaction ID: SD10.6233
265349.28			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		265349.28
C. Full Name (Last, First, Middle Initial) of D 1199 SEIU UNITED HEALTHCARE W		Nature of D REIMBUF AND BEN	ebt (Purpose): ISE STAFF SALARIES EFITS
Mailing Address 330 WEST 42ND STR	EET		
City State	ZIP Code		
NEW YORK NY	10036		
Outstanding Balance Beginning This Perio	d	Tra	nsaction ID: SD10.6234
231495.60			
Amount Incurred This Period			
	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	Payment This Period 0.00	Outstandir	ng Balance at Close of This Period 231495.60
	0.00		
1) SUBTOTALS This Period This Page (option	0.00		231495.60
	0.00		231495.60
1) SUBTOTALS This Period This Page (option 2) TOTALS This Period (last page this line num	0.00		231495.60

SCHEDULE D (FEC	Form 3X)		(Use separate	PAGE 15/81
DEBTS AND OBLIG	DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
			for each numbered line)	(check only one) 9 X 10
Excluding Loans	(In Full)			X 10
		FEDERAL POLITICAL ACTION	FUND	
	First, Middle Initial) of Debt D HEALTHCARE WOF		Nature of D REIMBUI	Debt (Purpose): RSE STAFF SALARIES NEFITS
Mailing Address 33	0 WEST 42ND STREE	Т		
0.1	01-11-	710.0		
City NEW YORK	State NY	ZIP Code 10036		
Outstanding Balan	ce Beginning This Period		Tra	Insaction ID: SD10.6235
	30184.00			
Amount Inc	urred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
	0.00	0.00		30184.00
	First, Middle Initial) of Debt D HEALTHCARE WOF			Debt (Purpose): RSE STAFF SALARIES NEFITS
Mailing Address 33	0 WEST 42ND STREE	Т		
City NEW YORK	State NY	ZIP Code 10036		
Outstanding Balan	ce Beginning This Period		Tra	Insaction ID: SD10.6236
	40245.33			
Amount Inc	urred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
	0.00	0.00		40245.33
	First, Middle Initial) of Debt D HEALTHCARE WOF		Nature of D REIMBUI AND BEN	Debt (Purpose): RSE STAFF SALARIES JEFITS
Mailing Address 33	0 WEST 42ND STREE	Т		
City	State	ZIP Code		
NÉW YORK	NY	10036		
Outstanding Baland	ce Beginning This Period		Tra	insaction ID: SD10.6237
	49719.04			
Amount Inc	urred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
	0.00	0.00		49719.04
				100140 97
1) SUBTOTALS This	Period This Page (optional)			120148.37
2) TOTALS This Period	I (last page this line numbe	r only)	_▶	
3) TOTAL OUTSTAND	ING LOANS from Sche	dule C (last page only)	►	
4) ADD 2) and 3) and	carry forward to appropriate	e line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)		(Use sep		PAGE 16/81
DEBTS AND OBLIGATIONS Excluding Loans		schedul for ead numbered	ch	FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
1199 SERVICE EMPLOYEES INT'L UNION F	EDERAL POLITICAL ACTION	FUND		
A. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WORK		Nati RE AN	ure of De IMBUR D BENI	ebt (Purpose): SE STAFF SALARIES EFITS
Mailing Address 330 WEST 42ND STREET				
City State NEW YORK NY	ZIP Code 10036			
Outstanding Balance Beginning This Period			Trar	saction ID: SD10.6238
8493.33				
Amount Incurred This Period	Payment This Period	Οι	utstandin	g Balance at Close of This Period
0.00	0.00			8493.33
B. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WORK		Nati RE AN	ure of De IMBUR D BENI	ebt (Purpose): SE STAFF SALARIES EFITS
Mailing Address 330 WEST 42ND STREET				
City State NEW YORK NY	ZIP Code 10036			
Outstanding Balance Beginning This Period			Trar	saction ID: SD10.6240
9557.09				
Amount Incurred This Period	Payment This Period	Οι	utstandin	g Balance at Close of This Period
0.00	0.00			9557.09
C. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WORK		Nati RE AN	ure of De IMBUR D BENI	ebt (Purpose): SE STAFF SALARIES EFITS
Mailing Address 330 WEST 42ND STREET				
City State NEW YORK NY	ZIP Code 10036			
Outstanding Balance Beginning This Period			Trar	saction ID: SD10.6241
65588.32				
Amount Incurred This Period	Payment This Period	Οι	utstandin	g Balance at Close of This Period
0.00	0.00			65588.32
1) SUBTOTALS This Period This Page (optional)		•		83638.74
2) TOTALS This Period (last page this line number of		•		
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	>		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only)) ►		

SCHEDULE D (FEC			(Use separate schedule(s)	PAGE 17 / 81 FOR LINE NUMBER:
DEBTS AND OBLIG Excluding Loans			for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE	,	I FEDERAL POLITICAL ACTION	FUND	
	First, Middle Initial) of Deb D HEALTHCARE WO		Nature of D REIMBUF AND BEN	ebt (Purpose): ISE STAFF SALARIES IEFITS
Mailing Address 33	0 WEST 42ND STREE	ET		
City NEW YORK	State NY	ZIP Code 10036		
Outstanding Balan	ce Beginning This Period		Tra	nsaction ID: SD10.6242
	14545.49			
Amount Inc	urred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		14545.49
	First, Middle Initial) of Deb D HEALTHCARE WO			ebt (Purpose): RSE STAFF SALARIES IEFITS
Mailing Address 33	0 WEST 42ND STREE	T		
City NEW YORK	State NY	ZIP Code 10036		
Outstanding Balan	ce Beginning This Period		Tra	nsaction ID: SD10.6243
	3157.42			
Amount Inc	urred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
				3157.42
	0.00	0.00		
	0.00 First, Middle Initial) of Deb D HEALTHCARE WO	tor or Creditor	Nature of D REIMBUF AND BEN	ebt (Purpose): RSE STAFF SALARIES IEFITS
1199 SEIU UNITE	First, Middle Initial) of Deb	tor or Creditor RKERS EAST	Nature of D REIMBUF AND BEN	ebt (Purpose): ISE STAFF SALARIES EFITS
1199 SEIU UNITE	First, Middle Initial) of Deb D HEALTHCARE WO	tor or Creditor RKERS EAST ET ZIP Code	Nature of D REIMBUF AND BEN	ebt (Purpose): RSE STAFF SALARIES EFITS
1199 SEIU UNITE Mailing Address 33 City NEW YORK	First, Middle Initial) of Deb D HEALTHCARE WO 0 WEST 42ND STREE State	tor or Creditor RKERS EAST	AND BEN	ebt (Purpose): RSE STAFF SALARIES EFITS
1199 SEIU UNITE Mailing Address 33 City NEW YORK	First, Middle Initial) of Deb D HEALTHCARE WO 0 WEST 42ND STREE State NY	tor or Creditor RKERS EAST ET ZIP Code	AND BEN	RSE STAFF SALARIES EFITS
1199 SEIU UNITE Mailing Address 33 City NEW YORK Outstanding Balan	First, Middle Initial) of Deb D HEALTHCARE WO 0 WEST 42ND STREE State NY ce Beginning This Period	tor or Creditor RKERS EAST ET ZIP Code	REIMBUF AND BEN	RSE STAFF SALARIES EFITS
1199 SEIU UNITE Mailing Address 33 City NEW YORK Outstanding Balan	First, Middle Initial) of Deb D HEALTHCARE WO 0 WEST 42ND STREE State NY ce Beginning This Period 56833.56	tor or Creditor RKERS EAST ET ZIP Code 10036	REIMBUF AND BEN	RSE STAFF SALARIES
1199 SEIU UNITE Mailing Address 33 City NEW YORK Outstanding Balan Amount Inc	First, Middle Initial) of Deb D HEALTHCARE WOI 0 WEST 42ND STREE State NY ce Beginning This Period 56833.56 urred This Period 0.00	tor or Creditor RKERS EAST ET ZIP Code 10036 Payment This Period	REIMBUF AND BEN	RSE STAFF SALARIES IEFITS Insaction ID: SD10.6244 Ing Balance at Close of This Period
1199 SEIU UNITE Mailing Address 33 City NEW YORK Outstanding Balan Amount Inc	First, Middle Initial) of Deb D HEALTHCARE WOU 0 WEST 42ND STREE State NY ce Beginning This Period 56833.56 urred This Period 0.00 Period This Page (optional	tor or Creditor RKERS EAST ET ZIP Code 10036 Payment This Period 0.00	REIMBUF AND BEN	RSE STAFF SALARIES IEFITS Insaction ID: SD10.6244 Ing Balance at Close of This Period 56833.56
1199 SEIU UNITE Mailing Address 33 City NEW YORK Outstanding Balan Amount Inc	First, Middle Initial) of Deb D HEALTHCARE WO 0 WEST 42ND STREE State NY ce Beginning This Period 56833.56 urred This Period 0.00 Period This Page (optional d (last page this line number	tor or Creditor RKERS EAST ET ZIP Code 10036 Payment This Period 0.00	REIMBUF AND BEN	RSE STAFF SALARIES IEFITS Insaction ID: SD10.6244 Ing Balance at Close of This Period 56833.56

SCHEDULE D (FEC Form 3X)		(Use sepa	rate	PAGE 18/81
DEBTS AND OBLIGATIONS		schedule	e(s)	
Excluding Loans		for eacl numbered		(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
1199 SERVICE EMPLOYEES INT'L UNION F	EDERAL POLITICAL ACTION	FUND		
A. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WORK		Natur REII AND	re of De MBUR DBENI	ebt (Purpose): SE STAFF SALARIES EFITS
Mailing Address 330 WEST 42ND STREET				
City State NEW YORK NY	ZIP Code 10036			
Outstanding Balance Beginning This Period			Trar	saction ID: SD10.6245
82522.06				
Amount Incurred This Period	Payment This Period	Out	standin	g Balance at Close of This Period
0.00	0.00	e e e e e e e e e e e e e e e e e e e		82522.06
B. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WORK		Natu REI AND	re of De MBUR BENI	ebt (Purpose): SE STAFF SALARIES EFITS
Mailing Address 330 WEST 42ND STREET				
City State NEW YORK NY	ZIP Code 10036			
Outstanding Balance Beginning This Period			Trar	saction ID: SD10.6246
78033.76				
Amount Incurred This Period	Payment This Period	Out	standin	g Balance at Close of This Period
0.00	0.00			78033.76
C. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WOR		Natu REI AND	re of De MBUR DBENI	ebt (Purpose): SE STAFF SALARIES EFITS
Mailing Address 330 WEST 42ND STREET				
City State NEW YORK NY	ZIP Code 10036			
Outstanding Balance Beginning This Period			Trar	saction ID: SD10.6247
2812.96				
Amount Incurred This Period	Payment This Period	Out	standin	g Balance at Close of This Period
0.00	0.00	0		2812.96
1) SUBTOTALS This Period This Page (optional)		•		163368.78
2) TOTALS This Period (last page this line number of	only)	▶		
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate	ine of Summary Page (last page only)			

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 19/81
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
		for each numbered line)	(check only one) 9
			X 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNIC	ON FEDERAL POLITICAL ACTION	FUND	
A. Full Name (Last, First, Middle Initial) of D 1199 SEIU UNITED HEALTHCARE W		Nature of D REIMBUF	ebt (Purpose): RSE STAFF SALARIES IEFITS
Mailing Address 330 WEST 42ND STR	EET		
City State	ZIP Code		
NEW YORK NY	10036		
Outstanding Balance Beginning This Perio	d	Tra	nsaction ID: SD10.6248
5095.64			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		5095.64
B. Full Name (Last, First, Middle Initial) of D 1199 SEIU UNITED HEALTHCARE W			ebt (Purpose): RSE STAFF SALARIES EFITS
Mailing Address 330 WEST 42ND STR	EET		
City State NEW YORK NY	ZIP Code 10036		
Outstanding Balance Beginning This Perio	d	Tra	nsaction ID: SD10.6249
12962.04]		
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		12962.04
C. Full Name (Last, First, Middle Initial) of D	ebtor or Creditor	Nature of D	ebt (Purpose):
1199 SEIU UNITED HEALTHCARE W		REIMBUF AND BEN	RSE STAFF SALARIES
Mailing Address 330 WEST 42ND STR	EET		
City State	ZIP Code		
NEW YORK NY	10036		
Outstanding Balance Beginning This Perio	d	Tra	nsaction ID: SD10.6284
10997.70			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		10997.70
			00055.00
1) SUBTOTALS This Period This Page (option	nal)	_ ▶	29055.38
2) TOTALS This Period (last page this line num	nber only)	►	
3) TOTAL OUTSTANDING LOANS from Sc	hedule C (last page only)		
4) ADD 2) and 3) and carry forward to appropr	riate line of Summary Page (last page only) >	

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 20 / 81
DEBTS AND OBLIGATIONS Excluding Loans		schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION F	EDERAL POLITICAL ACTION	FUND	· · ·
A. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WOR		Nature of D REIMBUF	ebt (Purpose): RSE STAFF SALARIES IEFITS
Mailing Address 330 WEST 42ND STREET			
City State NEW YORK NY	ZIP Code 10036		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6285
7231.75			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		7231.75
B. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WOR		Nature of D REIMBUF AND BEN	ebt (Purpose): ISE STAFF SALARIES IEFITS
Mailing Address 330 WEST 42ND STREET			
City State NEW YORK NY	ZIP Code 10036		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6286
3434.67			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		3434.67
C. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WOR		Nature of D REIMBUF AND BEN	ebt (Purpose): RSE STAFF SALARIES IEFITS
Mailing Address 330 WEST 42ND STREET			
City State NEW YORK NY	ZIP Code 10036		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6287
16789.92			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		16789.92
1) SUBTOTALS This Period This Page (optional).			27456.34
2) TOTALS This Period (last page this line number	only)	•	
	lle C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)		

			PAGE 21 / 81
SCHEDULE D (FEC Form 3X)		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full)			
1199 SERVICE EMPLOYEES INT'L UNION F	EDERAL POLITICAL ACTION	FUND	
A. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WORK		Nature of REIMBU AND BE	Debt (Purpose): RSE STAFF SALARIES NEFITS
Mailing Address 330 WEST 42ND STREET			
City State NEW YORK NY	ZIP Code 10036		
Outstanding Balance Beginning This Period		Tr	ansaction ID: SD10.6288
9286.03			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00		9286.03
B. Full Name (Last, First, Middle Initial) of Debtor AMERICAN EXPRESS	or Creditor	Nature of CATERI	Debt (Purpose): NG
Mailing Address P.O. BOX 2855			
City State NEW YORK NY	ZIP Code 10116-2855		
Outstanding Balance Beginning This Period		Tr	ansaction ID: SD10.6289
240.00			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00		240.00
C. Full Name (Last, First, Middle Initial) of Debtor ASTORIA GRAPHICS INC.	or Creditor		Debt (Purpose): ENDORSEMENT BANNERS
Mailing Address 225 VARICK STREET			
City State NEW YORK NY	ZIP Code 10014		
Outstanding Balance Beginning This Period	10014		ansaction ID: SD10.6229
650.25		Ir	ansaulun in. 3010.0229
	Decement This Deviat	0.1.1	line Delance at Olean of This Deviat
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	650.25		0.00
1) SUBTOTALS This Period This Page (optional)			9526.03
2) TOTALS This Period (last page this line number o	nly)		
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only)		

SCHEDIII E D (EEC Form 2X)		(1)	PAGE 22 / 81
SCHEDULE D (FEC Form 3X)		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION F	EDERAL POLITICAL ACTION	FUND	
A. Full Name (Last, First, Middle Initial) of Debtor ASTORIA GRAPHICS INC.	or Creditor		ebt (Purpose): G BANNERS
Mailing Address 225 VARICK STREET			
City State NEW YORK NY	ZIP Code 10014		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6290
1034.98			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	1034.98		0.00
B. Full Name (Last, First, Middle Initial) of Debtor AVIS RENT A CAR SYSTEM, INC.	or Creditor		ebt (Purpose): EXPENSES
Mailing Address 7876 COLLECTIONS CTR	DRIVE		
City State CHICAGO IL	ZIP Code 60693		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6540
0.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
1156.12	0.00		1156.12
C. Full Name (Last, First, Middle Initial) of Debtor JENNY BAUER	or Creditor	Nature of D REIMBUF EXPENSE	ebt (Purpose): SEMENT FOR CATERING S
Mailing Address 2 WILCOTT PARK			
City State	ZIP Code		
MEDFORD MA	02155		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6291
56.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	56.00		0.00
1) SUBTOTALS This Period This Page (optional)			1156.12
2) TOTALS This Period (last page this line number c	nly)	•	
3) TOTAL OUTSTANDING LOANS from Schedul	le C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)			separate	PAGE 23 / 81
DEBTS AND OBLIGATIONS			edule(s) r each	FOR LINE NUMBER: (check only one) 9
Excluding Loans			pered line)	X 10
NAME OF COMMITTEE (In Full)				
1199 SERVICE EMPLOYEES INT'L UNION FE	DERAL POLITICAL ACTION	FUND		
A. Full Name (Last, First, Middle Initial) of Debtor c JENNY BAUER	r Creditor		Nature of D REIMBUF	Debt (Purpose): RSEMENT FOR CATERING ES
Mailing Address 2 WILCOTT PARK				
City State	ZIP Code			
MEDFORD MA	02155			
Outstanding Balance Beginning This Period			Tra	nsaction ID: SD10.6506
0.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
56.00	45.78			10.22
	10.70			10.22
B. Full Name (Last, First, Middle Initial) of Debtor c JENNY BAUER	r Creditor			Debt (Purpose): RSEMENT FOR CATERING E
Mailing Address 2 WILCOTT PARK				
City State	ZIP Code			
MEDFORD MA	02155			
Outstanding Balance Beginning This Period			Tra	nsaction ID: SD10.6523
0.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
56.00	0.00			56.00
C. Full Name (Last, First, Middle Initial) of Debtor of JENNY BAUER	r Creditor		Nature of D REIMBUR EXPENSI	ebt (Purpose): RSEMENT FOR CATERING ES
Mailing Address 2 WILCOTT PARK				
City State	ZIP Code			
MÉDFORD MA	02155			
Outstanding Balance Beginning This Period			Tra	nsaction ID: SD10.6541
0.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
112.00	0.00			112.00
1) SUBTOTALS This Period This Page (optional)		₽		178.22
2) TOTALS This Period (last page this line number or				
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate lin		r) D		

CHEDULE D (FEC EBTS AND OBLIGA xcluding Loans			scheo for	eparate dule(s) each rred line)	PAGE 24 / 81 FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (EDERAL POLITICAL ACTION	FUND		[7] 10
A. Full Name (Last, Fi BENCOM LLC	rst, Middle Initial) of Debtor	or Creditor			ebt (Purpose): ENDORSEMENT BANNERS
Mailing Address 928	BROADWAY, SUITE	903			
City NEW YORK	State NY	ZIP Code 10010			
Outstanding Balance	e Beginning This Period		·	Trai	nsaction ID: SD10.6292
	1000.00				
Amount Incu	rred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	1000.00			0.00
B. Full Name (Last, Fi BENDELL'S EATEF	rst, Middle Initial) of Debtor	or Creditor			ebt (Purpose): G EXPENSES
Mailing Address 107	5 OLD COUNTRY RO	٩D			
City WESTBURY	State NY	ZIP Code 11590			
Outstanding Balance	e Beginning This Period			Trai	nsaction ID: SD10.6507
	0.00				
Amount Incu	rred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	745.38	0.00			745.38
C. Full Name (Last, Fi BENDELL'S EATEF	rst, Middle Initial) of Debtor Y OF NEW YORK	or Creditor			ebt (Purpose): G EXPENS
Mailing Address 107	5 OLD COUNTRY RO	AD			
City WESTBURY	State NY	ZIP Code 11590			
Outstanding Balance	e Beginning This Period			Trai	nsaction ID: SD10.6524
	0.00				
Amount Incu	rred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	745.38	0.00			745.38
1) SUBTOTALS This P	eriod This Page (optional)		►		1490.76
2) TOTALS This Period	(last page this line number	only)	►		
3) TOTAL OUTSTANDIN	IG LOANS from Schedu	lle C (last page only)	•		
) ADD 2) and 3) and c	arry forward to appropriate	ine of Summary Page (last page only	/) ►		

			PAGE 25 / 81
SCHEDULE D (FEC Form 3X)		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each	(check only one)
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full)			
1199 SERVICE EMPLOYEES INT'L UNION F	EDERAL POLITICAL ACTION	FUND	
A. Full Name (Last, First, Middle Initial) of Debtor BENDELL'S EATERY OF NEW YORK	or Creditor		ebt (Purpose): IG EXPENSES
Mailing Address 1075 OLD COUNTRY ROA	٨D		
City State WESTBURY NY	ZIP Code 11590		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6542
0.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
372.69	0.00		372.69
B. Full Name (Last, First, Middle Initial) of Debtor BLACK TIE CATERING	or Creditor	Nature of D CATERIN	ebt (Purpose): IG
Mailing Address 2200 N. MONROE STREE	Т		
City State BALTIMORE MD	ZIP Code 21217		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6293
393.75			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	393.75		0.00
C. Full Name (Last, First, Middle Initial) of Debtor BLACK TIE CATERING	or Creditor		lebt (Purpose): IG EXPENSES
Mailing Address 2200 N. MONROE STREE	Т		
City State BALTIMORE MD	ZIP Code 21217		
Outstanding Balance Beginning This Period	21211		
		Ira	nsaction ID: SD10.6589
Amount Incurred This Period	Payment This Period	Outotoodi	ng Balance at Close of This Period
1239.97	0.00		1239.97
1) SUBTOTALS This Period This Page (optional)			1612.66
2) TOTALS This Period (last page this line number of	only)	►	
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate I	ne of Summary Page (last page only) ►	

SCHEDULE D (FEC Form 3X)		(Llas separate	PAGE 26 / 81
		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNIOI			
		TOND	
A. Full Name (Last, First, Middle Initial) of Deb BLACK TIE CATERING	otor or Creditor		ebt (Purpose): G EXPENSES
Mailing Address 2200 N. MONROE STR	EEI		
City State BALTIMORE MD	ZIP Code 21217		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6525
0.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
393.75	0.00		393.75
B. Full Name (Last, First, Middle Initial) of Deb LILLIAN CARINO	otor or Creditor	Nature of D REIMBUF EXPENSE	ebt (Purpose): SEMENT FOR TRAVEL ES
Mailing Address 327 SAINT NICHOLAS APT. 2N	AVENUE		
City State NEW YORK NY	ZIP Code 10027-3609		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6508
0.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
45.00	0.00		45.00
43.00	0.00		45.00
C. Full Name (Last, First, Middle Initial) of Deb ENTERPRISE RENT-A-CAR	otor or Creditor		ebt (Purpose): EXPENSES
Mailing Address P.O. BOX 840173			
City State	ZIP Code		
KANSAS CITY MO	64184-0173		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6294
1441.32			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	1411.20		30.12
1) SUBTOTALS This Period This Page (optiona			468.87
2) TOTALS This Period (last page this line numb		•	
3) TOTAL OUTSTANDING LOANS from Sch	edule C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropria	te line of Summary Page (last page only	⁽⁾ ►	

		Γ		PAGE 27 / 81
SCHEDULE D (FEC F	-orm 3X)		(Use separate	
DEBTS AND OBLIGA	TIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (I	n Full)	L		
1199 SERVICE EMPLO	OYEES INT'L UNION	FEDERAL POLITICAL ACTION I	FUND	
A. Full Name (Last, Fir ENTERPRISE REN	rst, Middle Initial) of Debto T-A-CAR	or or Creditor		ebt (Purpose): EXPENSES
Mailing Address P.O.	. BOX 840173			
City	Ctoto	ZIP Code		
City KANSAS CITY	State MO	64184-0173		
Outstanding Balance	Beginning This Period		Tra	nsaction ID: SD10.6509
	0.00			
Amount Incur	red This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	569.52	0.00		569.52
B. Full Name (Last, Fir ENTERPRISE REN	rst, Middle Initial) of Debto T-A-CAR	or or Creditor		ebt (Purpose): EXPENSES
Mailing Address P.O.	. BOX 840173			
City KANSAS CITY	State MO	ZIP Code 64184-0173		
Outstanding Balance	Beginning This Period		Tra	nsaction ID: SD10.6510
	0.00			
Amount Incur	red This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	1157.12	0.00		1157.12
				abt (Durrage)
C. Full Name (Last, Fir ENTERPRISE REN	rst, Middle Initial) of Debto T-A-CAR	or or Creditor	Nature of D TRAVEL	EXPENSES
	T-A-CAR	or or Creditor		
ENTERPRISE REN Mailing Address P.O.	T-A-CAR . BOX 840173			
ENTERPRISE REN	T-A-CAR	ZIP Code 64184-0173		
ENTERPRISE REN Mailing Address P.O. City KANSAS CITY	T-A-CAR BOX 840173 State	ZIP Code		
ENTERPRISE REN Mailing Address P.O. City KANSAS CITY	T-A-CAR BOX 840173 State MO	ZIP Code		EXPENSES
ENTERPRISE REN Mailing Address P.O. City KANSAS CITY Outstanding Balance	T-A-CAR BOX 840173 State MO Beginning This Period	ZIP Code	TRAVEL	EXPENSES
ENTERPRISE REN Mailing Address P.O. City KANSAS CITY Outstanding Balance	T-A-CAR BOX 840173 State MO Beginning This Period 0.00	ZIP Code 64184-0173	TRAVEL	EXPENSES
ENTERPRISE REN Mailing Address P.O. City KANSAS CITY Outstanding Balance	T-A-CAR BOX 840173 State MO Beginning This Period 0.00 red This Period 1814.40	ZIP Code 64184-0173 Payment This Period 0.00	TRAVEL	EXPENSES nsaction ID: SD10.6511 ng Balance at Close of This Period 1814.40
ENTERPRISE REN Mailing Address P.O. City KANSAS CITY Outstanding Balance	T-A-CAR BOX 840173 State MO Beginning This Period 0.00 red This Period 1814.40	ZIP Code 64184-0173 Payment This Period	TRAVEL	EXPENSES nsaction ID: SD10.6511 ng Balance at Close of This Period
ENTERPRISE RENT Mailing Address P.O. City KANSAS CITY Outstanding Balance Amount Incur 1) SUBTOTALS	T-A-CAR BOX 840173 State MO Beginning This Period 0.00 red This Period 1814.40	ZIP Code 64184-0173 Payment This Period 0.00	TRAVEL	EXPENSES nsaction ID: SD10.6511 ng Balance at Close of This Period 1814.40
ENTERPRISE RENT Mailing Address P.O. City KANSAS CITY Outstanding Balance Amount Incurr 1) SUBTOTALS	T-A-CAR BOX 840173 State MO Beginning This Period 0.00 red This Period 1814.40 eriod This Page (optional). last page this line number	ZIP Code 64184-0173 Payment This Period 0.00	TRAVEL	EXPENSES nsaction ID: SD10.6511 ng Balance at Close of This Period 1814.40

					PAGE 28 / 81
SCHEDULE D (FEC F	-			separate edule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGA	TIONS		fo	r each Ó	(check only one) 9
Excluding Loans			numb	pered line)	X 10
NAME OF COMMITTEE (Ir					
1199 SERVICE EMPLC	DYEES INT'L UNION	FEDERAL POLITICAL ACTION	I FUND		
A. Full Name (Last, First ENTERPRISE RENT	st, Middle Initial) of Debto Г-A-CAR	r or Creditor			ebt (Purpose): DRTATION COSTS
Mailing Address P.O.	BOX 840173				
City KANSAS CITY	State MO	ZIP Code 64184-0173			
Outstanding Balance	Beginning This Period			Trai	nsaction ID: SD10.6527
	0.00				
Amount Incurr	ed This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	711.90	0.00)		711.90
B. Full Name (Last, First ENTERPRISE RENT	st, Middle Initial) of Debto Γ-A-CAR	r or Creditor			ebt (Purpose): DRTATION COSTS
Mailing Address P.O.	BOX 840173				
City KANSAS CITY	State MO	ZIP Code 64184-0173			
Outstanding Balance	Beginning This Period			Trai	nsaction ID: SD10.6528
	0.00				
Amount Incurr	red This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	503.32	0.00)		503.32
C. Full Name (Last, First ENTERPRISE RENT	st, Middle Initial) of Debto Г-A-CAR	r or Creditor			ebt (Purpose): DRTATION COSTS
Mailing Address P.O.	BOX 840173				
City	State	ZIP Code			
KANSAS CITY	MO	64184-0173			
Outstanding Balance	Beginning This Period			Trai	nsaction ID: SD10.6529
	0.00				
Amount Incurr	red This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	4032.00				
	4032.00	0.00			4032.00
	riad This Days (antional)				5247.22
		only)			
3) TOTAL OUTSTANDING	1 0	•	—,		
		line of Summery Page (last page only)			
and s) and cal	iny iorward to appropriate	line of Summary Page (last page only	y)		

				PAGE 29 / 81
SCHEDULE D (FEC Form 3X)			eparate dule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS			each	(check only one) 9
Excluding Loans		numbe	ered line)	X 10
NAME OF COMMITTEE (In Full)				
1199 SERVICE EMPLOYEES INT'L UNION F	FEDERAL POLITICAL ACTION	FUND		
A. Full Name (Last, First, Middle Initial) of Debtor GOOD & PLENTY TO GO	r or Creditor		Nature of De	ebt (Purpose): G
Mailing Address 410 WEST 43RD STREET	-			
City State NEW YORK NY	ZIP Code 10036			
Outstanding Balance Beginning This Period			Trai	nsaction ID: SD10.6295
2145.83				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	2145.83			0.00
B. Full Name (Last, First, Middle Initial) of Debtor GOOD & PLENTY TO GO	r or Creditor			ebt (Purpose): G EXPENSES
Mailing Address 410 WEST 43RD STREET	-			
City State NEW YORK NY	ZIP Code 10036			
Outstanding Balance Beginning This Period			Trai	nsaction ID: SD10.6512
0.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
1842.38	0.00			1842.38
C. Full Name (Last, First, Middle Initial) of Debtor HORIZON BUS INC.	r or Creditor			ebt (Purpose): DRTATION COSTS
Mailing Address P.O. BOX 64				
City State	ZIP Code			
BELLPORT NY	11713-0064			
Outstanding Balance Beginning This Period			Trai	nsaction ID: SD10.6513
0.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
3000.00	0.00			3000.00
1) SUBTOTALS This Period This Page (optional)		►		4842.38
2) TOTALS This Period (last page this line number		•		
3) TOTAL OUTSTANDING LOANS from Schedu	ule C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only	/) ►		

				PAGE 30 / 81
SCHEDULE D (FEC Form 3X)			separate edule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS			r each	(check only one) 9
Excluding Loans		numb	pered line)	X 10
NAME OF COMMITTEE (In Full)				
1199 SERVICE EMPLOYEES INT'L UNION F	EDERAL POLITICAL ACTION	FUND		
A. Full Name (Last, First, Middle Initial) of Debtor HORIZON BUS INC.	or Creditor			ebt (Purpose): DRTATION COSTS
Mailing Address P.O. BOX 64				
	710.0			
City State BELLPORT NY	ZIP Code 11713-0064			
Outstanding Balance Beginning This Period			Trai	nsaction ID: SD10.6530
0.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
3000.00	0.00			3000.00
B. Full Name (Last, First, Middle Initial) of Debtor HORIZON BUS INC.	or Creditor			ebt (Purpose): DRTATION COSTS
Mailing Address P.O. BOX 64				
City State BELLPORT NY	ZIP Code 11713-0064			
Outstanding Balance Beginning This Period			Trai	nsaction ID: SD10.6543
0.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
1500.00	0.00			1500.00
C. Full Name (Last, First, Middle Initial) of Debtor ANTONELLA PECHTEL	or Creditor			ebt (Purpose): SEMENT CATERING EX-
Mailing Address 401 ROSE AVE				
City State	ZIP Code			
SCHENECTADY NY	12308			
Outstanding Balance Beginning This Period			Trai	nsaction ID: SD10.6531
0.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
201.39	0.00			201.39
1) SUBTOTALS This Period This Page (optional)				4701.39
2) TOTALS This Period (last page this line number o	nly)	•		
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	/)		

				PAGE 31 / 81
SCHEDULE D (FEC	Form 3X)		(Use separate	
DEBTS AND OBLIG	ATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE	E (In Full)		1	
1199 SERVICE EMP	LOYEES INT'L UNION F	EDERAL POLITICAL ACTION	FUND	
A. Full Name (Last, PREMIER COACH	First, Middle Initial) of Debtor H OF NYC	or Creditor		ebt (Purpose): EXPENSE
Mailing Address 11	50 LONGWOOD AVE			
City BRONX	State NY	ZIP Code 10474		
Outstanding Balar	nce Beginning This Period		Tra	nsaction ID: SD10.6296
	19134.90			
Amount Inc	curred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00			
	0.00	19134.90		0.00
B. Full Name (Last, PREMIER COACH	First, Middle Initial) of Debtor H OF NYC	or Creditor		ebt (Purpose): ORTATION COSTS
Mailing Address 11	50 LONGWOOD AVE			
City BRONX	State NY	ZIP Code 10474		
Outstanding Balar	nce Beginning This Period		Tra	nsaction ID: SD10.6544
	0.00			
Amount Inc	curred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	22324.05	818.55		21505.50
C. Full Name (Last, PREMIER COACH	First, Middle Initial) of Debtor H OF NYC	or Creditor		ebt (Purpose): ORTATION COSTS
Mailing Address 11	50 LONGWOOD AVE			
City	State	ZIP Code		
BRONX	NY	10474		
Outstanding Balar	nce Beginning This Period		Tra	nsaction ID: SD10.6547
	0.00			
Amount Inc	curred This Period	Payment This Period	Outotoodi	ng Balance at Close of This Period
Amount inc			Ouisianui	
	31891.15	0.00		31891.15
1) SUBTOTALS This	Period This Page (optional)			53396.65
	· · · ·	only)		
3) TOTAL OUTSTAND	DING LOANS from Schedu	le C (last page only)		
4) ADD 2) and 3) and	carry forward to appropriate I	ine of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)		(1)	PAGE 32 / 81
		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION F			
1199 SERVICE EMPLOYEES INT L'UNION F	EDERAL POLITICAL ACTION	FUND	
A. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARD	or Creditor		9ebt (Purpose): EXPENSE
Mailing Address P.O. BOX 88000			
City State BALTIMORE MD	ZIP Code 21288		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6297
1557.29			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		1557.29
B. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARD	or Creditor		bebt (Purpose): EXPENSES
Mailing Address P.O. BOX 88000			
City State BALTIMORE MD	ZIP Code 21288		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6298
2277.98			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		2277.98
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D)ebt (Purpose):
UNION TRAVEL MASTERCARD			EXPENSES
Mailing Address P.O. BOX 88000			
City State	ZIP Code		
BALTIMORE MD	21288		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6300
524.82			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		524.82
1) SUBTOTALS This Period This Page (optional)		Þ	4360.09
2) TOTALS This Period (last page this line number of		•	
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only) ►	

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SCHEDULE D (FEC	Form 3X)		(Use separate	
DEBTS AND OBLIGA	ATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans			numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE ((In Full)		,	
	· · ·	FEDERAL POLITICAL ACTION	FUND	
A. Full Name (Last, Fi	irst, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):
UNION TRAVEL M				G EXPENSES
Mailing Address P.O	. BOX 88000			
City	State	ZIP Code		
BALTIMORE	MD	21288		
Outstanding Balance	e Beginning This Period		Tra	nsaction ID: SD10.6301
	1674.86			
Amount Incu	rred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		1674.86
	0.00	0.00		10/4.00
	irst, Middle Initial) of Debto	r or Creditor		ebt (Purpose):
UNION TRAVEL M	ASTERCARD		CATERIN	G
Mailing Address P.O				
	. BOX 00000			
City	State	ZIP Code		
BALTIMORE	MD	21288		
Outstanding Balance	e Beginning This Period		Tra	nsaction ID: SD10.6302
	6925.90			
A			O data a d	
Amount incu	rred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		6925.90
C. Full Name (Last, Fi UNION TRAVEL M	irst, Middle Initial) of Debto ASTERCARD	r or Creditor		ebt (Purpose): DRTATION COSTS
Mailing Address P.O	. BOX 88000			
City	State	ZIP Code		
BALTIMORE	MD	21288		
	e Beginning This Period		Tra	nsaction ID: SD10.6515
0 0 0 0 0	0.00			
		Doumont This Davis	O	a Polonoo at Oloop of This Davis
	rred This Period	Payment This Period	Outstandli	ng Balance at Close of This Period
	539.45	0.00		539.45
				0140.01
1) SUBTOTALS This P	eriod This Page (optional).			9140.21
2) TOTALS This Period	(last page this line number	only)	►	
3) TOTAL OUTSTANDIN	IG LOANS from Sched	ule C (last page only)	>	
4) ADD 2) and 3) and ca	arry forward to appropriate	line of Summary Page (last page only) 🕨	

SCHEDULE D (FEC Form 3X)	Γ	(Llas separate	PAGE 34 / 81
		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION	FEDERAL POLITICAL ACTION F	FUND	
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		ebt (Purpose): DRTATION COSTS
Mailing Address P.O. BOX 88000			
City State BALTIMORE MD	ZIP Code 21288		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6516
0.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
798.20	0.00		798.20
B. Full Name (Last, First, Middle Initial) of Debte UNION TRAVEL MASTERCARD	or or Creditor		ebt (Purpose): G EXPENSES
Mailing Address P.O. BOX 88000			
City State BALTIMORE MD	ZIP Code 21288		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6517
0.00			
		Outetandi	ng Balance at Close of This Period
Amount Incurred This Period	Payment This Period	Outstanui	
Amount Incurred This Period 3637.84	Payment This Period		3637.84
	0.00	Nature of D	3637.84 ebt (Purpose): G EXPENSES
C. Full Name (Last, First, Middle Initial) of Debt	0.00	Nature of D	ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debte UNION TRAVEL MASTERCARD	0.00	Nature of D	ebt (Purpose):
3637.84 C. Full Name (Last, First, Middle Initial) of Debte UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000	0.00	Nature of D	ebt (Purpose):
3637.84 C. Full Name (Last, First, Middle Initial) of Debte UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State	0.00 or or Creditor ZIP Code	Nature of D CATERIN	ebt (Purpose):
3637.84 C. Full Name (Last, First, Middle Initial) of Debte UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State BALTIMORE MD	0.00 or or Creditor ZIP Code	Nature of D CATERIN	ebt (Purpose): G EXPENSES
3637.84 C. Full Name (Last, First, Middle Initial) of Debte UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State BALTIMORE MD Outstanding Balance Beginning This Period	0.00 or or Creditor ZIP Code	Nature of D CATERIN	ebt (Purpose): G EXPENSES
3637.84 C. Full Name (Last, First, Middle Initial) of Debt. UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State BALTIMORE MD Outstanding Balance Beginning This Period 0.00	0.00 or or Creditor ZIP Code 21288	Nature of D CATERIN	ebt (Purpose): G EXPENSES
3637.84 C. Full Name (Last, First, Middle Initial) of Debter UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State BALTIMORE MD Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 1849.15	ZIP Code 21288 Payment This Period 0.00	Nature of D CATERIN	ebt (Purpose): G EXPENSES Insaction ID: SD10.6518 Ing Balance at Close of This Period 1849.15
3637.84 C. Full Name (Last, First, Middle Initial) of Debtu UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State BALTIMORE MD Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 0.00	ZIP Code 21288 Payment This Period 0.00	Nature of D CATERIN	ebt (Purpose): G EXPENSES nsaction ID: SD10.6518 ng Balance at Close of This Period
3637.84 C. Full Name (Last, First, Middle Initial) of Debter UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State BALTIMORE MD Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 1849.15	ZIP Code 21288 Payment This Period 0.00	Nature of D CATERIN	ebt (Purpose): G EXPENSES Insaction ID: SD10.6518 Ing Balance at Close of This Period 1849.15
3637.84 C. Full Name (Last, First, Middle Initial) of Debter UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State BALTIMORE MD Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number)	ZIP Code 21288 Payment This Period 0.00	Nature of D CATERIN	ebt (Purpose): G EXPENSES Insaction ID: SD10.6518 Ing Balance at Close of This Period 1849.15

				PAGE 35 / 81
SCHEDULE D (FEC	Form 3X)		(Use separate	FOR LINE NUMBER: (check only one) 9
DEBTS AND OBLIG	ATIONS		schedule(s) for each	
Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE	(In Full)			
		EDERAL POLITICAL ACTION	FUND	
A. Full Name (Last, F UNION TRAVEL M	irst, Middle Initial) of Debtor	or Creditor		ebt (Purpose): GE EXPENSES
	AOTENOAND		DEVENIA	
Mailing Address P.C). BOX 88000			
	State	ZIP Code		
BALTIMORE	MD e Beginning This Period	21288	Tro	nsaction ID: SD10.6519
	0.00		IIa	Isaction ID. 3D10.0319
Amount Incu	irred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	835.02	0.00		835.02
	irst, Middle Initial) of Debtor	or Creditor		ebt (Purpose):
UNION TRAVEL M	ASTERCARD		IRAVEL	EXPENSES
Mailing Address P.C). BOX 88000			
City	State	ZIP Code		
BALTIMORE	MD	21288		
Outstanding Balanc	e Beginning This Period		Tra	nsaction ID: SD10.6520
	0.00			
Amount Incu	rred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	435.95	0.00		435.95
C. Full Name (Last, F	irst, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
UNION TRAVEL M	ASTERCARD		TRAVEL	EXPENSES
Mailing Address P.C). BOX 88000			
City	State	ZIP Code		
BALTIMORE	MD	21288		
Outstanding Balanc	e Beginning This Period		Tra	nsaction ID: SD10.6521
	0.00			
Amount Incu	rred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	1056.95	0.00		1056.95
1) SUBTOTALS This P	Period This Page (optional).			2327.92
2) IUTALS This Period	(last page this line number	only)		
3) TOTAL OUTSTANDIN	NG LOANS from Schedu	Ile C (last page only)		· · · · · · · · ·
4) ADD 2) and 3) and c	arry forward to appropriate	line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)		(1)	PAGE 36 / 81	
		(Use separate schedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		for each	(check only one) 9	
		numbered line)	X 10	
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING EXPENSES	
Mailing Address P.O. BOX 88000				
City State BALTIMORE MD	ZIP Code 21288			
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6522	
0.00				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
2372.04	0.00		2372.04	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			ebt (Purpose): EXPENSES	
Mailing Address P.O. BOX 88000				
City State BALTIMORE MD	ZIP Code 21288			
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.6533	
0.00				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
367.37	0.00		367.37	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			ebt (Purpose): EXPENSES	
Mailing Address P.O. BOX 88000				
City State BALTIMORE MD	ZIP Code 21288			
Outstanding Balance Beginning This Period	21200	Tra	nsaction ID: SD10.6535	
0.00				
Amount Incurred This Period	Payment This Period	Quitetandu	ng Balance at Close of This Period	
262.40	0.00		262.40	
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page this line number only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D (FEC	Form 3X)		(Use separate	PAGE 37 / 81
		schedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIG	ATION5		for each numbered line)	(check only one) 9
Excluding Loans	(In Full)			X 10
		FEDERAL POLITICAL ACTION	FUND	
A. Full Name (Last, F UNION TRAVEL M	irst, Middle Initial) of Debto	r or Creditor		ebt (Purpose): G EXPENSES
Mailing Address P.C). BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288		
Outstanding Balance	e Beginning This Period		Tra	nsaction ID: SD10.6536
	0.00			
Amount Incu	Irred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
	477.00	0.00		477.00
B. Full Name (Last, F UNION TRAVEL M	irst, Middle Initial) of Debto ASTERCARD	r or Creditor		ebt (Purpose): EXPENSES
Mailing Address P.C). BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288		
Outstanding Balance	e Beginning This Period		Tra	nsaction ID: SD10.6537
Outstanding Balance	e Beginning This Period 0.00		Tra	nsaction ID: SD10.6537
	0.00	Payment This Period	-	
	0.00 Irred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
	0.00	Payment This Period 0.00	Outstandir	
Amount Incu	0.00 Irred This Period 524.80 First, Middle Initial) of Debto	0.00	Outstandir	ng Balance at Close of This Period
Amount Incu C. Full Name (Last, F	0.00 Irred This Period 524.80 First, Middle Initial) of Debto ASTERCARD	0.00	Outstandir	ng Balance at Close of This Period 524.80 ebt (Purpose):
Amount Incu C. Full Name (Last, F UNION TRAVEL M Mailing Address P.C City	0.00 Irred This Period 524.80 First, Middle Initial) of Debto ASTERCARD	o.00 or or Creditor ZIP Code	Outstandir	ng Balance at Close of This Period 524.80 ebt (Purpose):
Amount Incu C. Full Name (Last, F UNION TRAVEL M Mailing Address P.C	0.00 Irred This Period 524.80 First, Middle Initial) of Debto ASTERCARD D. BOX 88000	or or Creditor	Outstandir	ng Balance at Close of This Period 524.80 ebt (Purpose):
C. Full Name (Last, F UNION TRAVEL M. Mailing Address P.C City BALTIMORE	0.00 Irred This Period 524.80 First, Middle Initial) of Debto ASTERCARD D. BOX 88000 State	o.00 or or Creditor ZIP Code	Outstandir	ng Balance at Close of This Period 524.80 ebt (Purpose):
C. Full Name (Last, F UNION TRAVEL M. Mailing Address P.C City BALTIMORE	0.00 Irred This Period 524.80 First, Middle Initial) of Debto ASTERCARD D. BOX 88000 State MD	o.00 or or Creditor ZIP Code	Outstandir	ng Balance at Close of This Period 524.80 ebt (Purpose): G EXPENSES
Amount Incu C. Full Name (Last, F UNION TRAVEL M Mailing Address P.C City BALTIMORE Outstanding Balanc	0.00 Irred This Period 524.80 First, Middle Initial) of Debto ASTERCARD D. BOX 88000 State MD e Beginning This Period	o.00 or or Creditor ZIP Code	Outstandir Nature of D CATERIN	ng Balance at Close of This Period 524.80 ebt (Purpose): G EXPENSES
Amount Incu C. Full Name (Last, F UNION TRAVEL M Mailing Address P.C City BALTIMORE Outstanding Balanc	0.00 Irred This Period 524.80 First, Middle Initial) of Debto ASTERCARD D. BOX 88000 State MD Ie Beginning This Period 0.00	ZIP Code 21288	Outstandir Nature of D CATERIN Trai	ng Balance at Close of This Period 524.80 ebt (Purpose): G EXPENSES
Amount Incu C. Full Name (Last, F UNION TRAVEL M Mailing Address P.C City BALTIMORE Outstanding Balance Amount Incu	0.00 Irred This Period 524.80 First, Middle Initial) of Debto ASTERCARD D. BOX 88000 State MD I Beginning This Period 0.00 Irred This Period 1115.00	ZIP Code 21288 Payment This Period 0.00	Outstandir Nature of D CATERIN Trai	ng Balance at Close of This Period 524.80 ebt (Purpose): G EXPENSES nsaction ID: SD10.6538 ng Balance at Close of This Period 1115.00
Amount Incu C. Full Name (Last, F UNION TRAVEL M. Mailing Address P.C City BALTIMORE Outstanding Balance Amount Incu	0.00 Irred This Period 524.80 First, Middle Initial) of Debto ASTERCARD D. BOX 88000 State MD I BOX 88000 I BOX 88000 Period This Period 1115.00 Period This Page (optional).	0.00 or or Creditor ZIP Code 21288 Payment This Period 0.00	Outstandir Nature of D CATERIN Trai	ng Balance at Close of This Period 524.80 ebt (Purpose): G EXPENSES nsaction ID: SD10.6538
Amount Incu C. Full Name (Last, F UNION TRAVEL M. Mailing Address P.C City BALTIMORE Outstanding Balance Amount Incu	0.00 Irred This Period 524.80 First, Middle Initial) of Debto ASTERCARD D. BOX 88000 State MD I BOX 88000 I BOX 88000 Period This Period 1115.00 Period This Page (optional).	ZIP Code 21288 Payment This Period 0.00	Outstandir Nature of D CATERIN Trai	ng Balance at Close of This Period 524.80 ebt (Purpose): G EXPENSES nsaction ID: SD10.6538 ng Balance at Close of This Period 1115.00
Amount Incu C. Full Name (Last, F UNION TRAVEL M. Mailing Address P.C City BALTIMORE Outstanding Balance Amount Incu	0.00 Irred This Period 524.80 First, Middle Initial) of Debto ASTERCARD D. BOX 88000 State MD e Beginning This Period 0.00 Irred This Period 1115.00 Period This Page (optional). (last page this line number	0.00 or or Creditor ZIP Code 21288 Payment This Period 0.00	Outstandir Nature of D CATERIN Trai	ng Balance at Close of This Period 524.80 ebt (Purpose): G EXPENSES nsaction ID: SD10.6538 ng Balance at Close of This Period 1115.00

FEC Schedule D (Form 3X) (Revised 02/2003)

SCHEDULE D (FEC Form 3X)		(1)	PAGE 38 / 81
		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNIO	ON FEDERAL POLITICAL ACTION	FUND	
A. Full Name (Last, First, Middle Initial) of D UNION TRAVEL MASTERCARD	lebtor or Creditor		ebt (Purpose): EXPENSES
Mailing Address P.O. BOX 88000			
City State BALTIMORE MD	ZIP Code 21288		
Outstanding Balance Beginning This Perio	od	Tra	nsaction ID: SD10.6539
0.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
419.84	0.00		419.84
B. Full Name (Last, First, Middle Initial) of D UNION TRAVEL MASTERCARD	lebtor or Creditor		ebt (Purpose): DRTATION COSTS
Mailing Address P.O. BOX 88000			
City State BALTIMORE MD	ZIP Code 21288		
Outstanding Balance Beginning This Period	bd	Tra	nsaction ID: SD10.6545
0.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
539.45	0.00		539.45
C. Full Name (Last, First, Middle Initial) of D UNION TRAVEL MASTERCARD	ebtor or Creditor		ebt (Purpose): G EXPENSES
Mailing Address P.O. BOX 88000			
City State	ZIP Code		
BALTIMORE MD	21288		
Outstanding Balance Beginning This Perio	bd	Tra	nsaction ID: SD10.6546
0.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
2552.60	0.00		2552.60
1) SUBTOTALS This Period This Page (option	nal)		3511.89
2) TOTALS This Period (last page this line nur	nber only)		
3) TOTAL OUTSTANDING LOANS from So	chedule C (last page only)	>	
4) ADD 2) and 3) and carry forward to approp	riate line of Summary Page (last page only)	

FE6AN026

FEC Schedule D (Form 3X) (Revised 02/2003)

SCHEDULE D (EEC	Form 3X)		(Use separate	PAGE 39 / 81
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9	
		numbered line)	(enconcondy enc) X 10	
NAME OF COMMITTEE 1199 SERVICE EMPI		N FEDERAL POLITICAL ACTIC	ON FUND	
A. Full Name (Last, F UNION TRAVEL M	First, Middle Initial) of Deb IASTERCARD	otor or Creditor		Debt (Purpose): NG EXPENSES
Mailing Address P.C	D. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288		
Outstanding Balance	ce Beginning This Period		Tra	ansaction ID: SD10.6548
	0.00			
Amount Inci	urred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
	3224.16	0.	00	3224.16
1) SUBTOTALS This F	Period This Page (optiona	al)	Þ	3224.16
2) TOTALS This Period	l (last page this line numb	per only)	▶	2461808.47
3) TOTAL OUTSTAND	NG LOANS from Sch	edule C (last page only)	>	0.00
4) ADD 2) and 3) and (carry forward to appropria	ate line of Summary Page (last page c	only)	2461808.47

FE6AN026

FEC Schedule D (Form 3X) (Revised 02/2003)

Image# 29991793504 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDIT	URES	PAGE 40 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL P AL ACTION FUND	OLITIC-	C C00348540
Check if24-hour notice48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee		Date
1199 SEIU UNITED HEALTHCARE WORKERS EAS	Т	
Mailing Address 330 WEST 42ND STREET		Amount
330 WEST 42ND STREET		13792.27
City	State Zip Code	Transaction ID: SE.6499
-	NY 10036	Office Sought: House State: PA
Purpose of Expenditure REIMB. STAFF SALARIES PER DIEM EXPENSES	Category/ Type	X Presidential
Name of Federal Candidate supported or Opposed by e	xpenditure:	Check One: X Support Oppose
BARACK OBAMA		Disbursement For: X Primary General
Calendar Year-To-Date Per Election		Other (specify) :
for Office Sought	246802.78	2008
Full Name (Last, First, Middle, Initial) of Payee		Date
1199 SEIU UNITED HEALTHCARE WORKERS EAS	Т	
Mailing Address		Amount
330 WEST 42ND STREET		55148.71
City	State Zip Code	Transaction ID: SE.6500
,	NY 10036	Office Sought: House State: PA
Purpose of Expenditure	Category/	X Presidential
BEIMB, STAFF SALARIES PER DIEM EXPENSES	Туре	X Presidential
Name of Federal Candidate supported or Opposed by e	xpenditure:	Check One: X Support Oppose
BARACK OBAMA		Disbursement For: X Primary General
		Disbursement For: X Primary General Other (specify) :
Calendar Year-To-Date Per Election	301951.49	2008
for Office Sought		
(a) SUBTOTAL of Itemized Independent Expenditures		68940.98
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditu or at the request or suggestion of, any candidate or authorized or committee) any political party committee or its agent.		
KEVIN FINNEGAN	Date 03	^D 26 ^Y Y Y Y 26 2009
Signature		

Image# 29991793505 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 41 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	C C00348540
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
1199 SEIU UNITED HEALTHCARE WORKERS EAST	
Mailing Address 330 WEST 42ND STREET	Amount
330 WEST 42ND STREET	3785.16
City State Zip Code	Transaction ID: SE.6501
NEW YORK NY 10036	Office Sought: House State: PA
Purpose of Expenditure REIMB, STAFF SALARIES PER DIEM EXPENSES	X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: X Primary General
	Other (specify) :
Calendar Year-To-Date Per Election 305736.65	2008
Full Name (Last, First, Middle, Initial) of Payee	Date
1199 SEIU UNITED HEALTHCARE WORKERS EAST	1 1 0 5 Y Y Y Y 1 1 1 0 5 2 0 0 8
Mailing Address	Amount
330 WEST 42ND STREET	194991.37
	Transaction ID: SE.6502
City State Zip Code NEW YORK NY 10036	Office Sought: House State: MI
Purpose of Expenditure Category/	Senate District:
REIMB, STAFF SALARIES Type	X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election 590551.92	Other (specify) : 2008
for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	198776.53
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if th committee) any political party committee or its agent.	
	D D Y Y Y Y Y
KEVIN FINNEGAN Date 03	26 2009
Signature	

Image# 29991793506 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPEND	DITURES	PAGE 42 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL AL ACTION FUND	L POLITIC-	C C00348540
Check if 24-hour notice 48-hour notice	ce	
Full Name (Last, First, Middle, Initial) of Payee		Date
1199 SEIU UNITED HEALTHCARE WORKERS E	AST	1 1 / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 8
Mailing Address		Amount
330 WEST 42ND STREET		68385.03
City	State Zip Code	Transaction ID: SE.6503
NEW YORK	NY 10036	Office Sought: House State: MO
Purpose of Expenditure REIMB. STAFF SALARIES PER DIEM EXPENSES	Category/ Type	X Presidential
Name of Federal Candidate supported or Opposed b	by expenditure:	Check One: X Support Oppose
BARACK OBAMA		Disbursement For: Primary X General
		Other (specify) :
Calendar Year-To-Date Per Election for Office Sought	151315.55	2008
for Office Sought		
Full Name (Last, First, Middle, Initial) of Payee		Date
1199 SEIU UNITED HEALTHCARE WORKERS E	AST	M M / D D / Y Y Y Y 1 1 / 05 / 2008
Mailing Address		Amount
330 WEST 42ND STREET		79571.73
		Transaction ID: SE.6504
City NEW YORK	State Zip Code NY 10036	Office Sought: House State: NH
Purpose of Expenditure		Senate District:
REIMB. STAFF SALARIES PER DIEM EXPENSES	Category/ Type	X Presidential
		Check One: X Support Oppose
Name of Federal Candidate supported or Opposed to BARACK OBAMA	by experioriture.	
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election	100040 55	Other (specify) : 2008
for Office Sought	182846.55	2000
(a) SUBTOTAL of Itemized Independent Expenditures		147956.76
(b) SUBTOTAL of Unitemized Independent Expenditur	'es	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expen	ditures reported herein were not made in	cooperation concultation or concert with
or at the request or suggestion of, any candidate or authorize committee) any political party committee or its agent.		
KEVIN FINNEGAN	Date 03	D D Y Y Y Y 26 2009
Signature		

Image# 29991793507 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPEND	ITURES	PAGE 43 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL AL ACTION FUND	POLITIC-	C C00348540
Check if 24-hour notice 48-hour notic	е	
Full Name (Last, First, Middle, Initial) of Payee		Date
1199 SEIU UNITED HEALTHCARE WORKERS EA	AST	1 1 / D D / Y Y Y Y 1 1 1 0 5 / 2 0 0 8
Mailing Address		Amount
330 WEST 42ND STREET		120433.73
City	State Zip Code	Transaction ID: SE.6505
NEW YORK	NY 10036	Office Sought: House State: NV
Purpose of Expenditure REIMB. STAFF SALARIES PER DIEM EXPENSES	Category/ Type	X Senate District: X Presidential
Name of Federal Candidate supported or Opposed b	y expenditure:	Check One: X Support Oppose
BARACK OBAMA		
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election	329925.33	Other (specify) : 2008
for Office Sought		
Full Name (Last, First, Middle, Initial) of Payee		Date
ASTORIA GRAPHICS INC.		M M / D D / Y Y Y Y 10 24 2008
Mailing Address		Amount
225 VARICK STREET		
		1034.98
City	State Zip Code	Transaction ID: SE.6566
NEW YORK	NY 10014	Office Sought: House State: <u>NY</u> Senate District:
Purpose of Expenditure	Category/	X Presidential
PRINTING BANNERS	Туре	
Name of Federal Candidate supported or Opposed b	y expenditure:	Check One: X Support Oppose
BARACK OBAMA		Disbursement For: Primary X General
		Other (specify) :
Calendar Year-To-Date Per Election	5220.21	2008
for Office Sought		
(a) SUBTOTAL of Itemized Independent Expenditures .		121468.71
(b) SUBTOTAL of Uniternized Independent Expenditure	98	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expend or at the request or suggestion of, any candidate or authorize committee) any political party committee or its agent.		
	M	D D Y Y Y Y
KEVIN FINNEGAN	Date 03	26 2009
Signature		

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Image# 29991793508 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 44 / 81
	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC-	FEC IDENTIFICATION NUMBER
AL ACTION FUND	C C00348540
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
ASTORIA GRAPHICS INC.	M M / D D / Y Y Y Y 11 11 11 2008
	Amount
225 VARICK STREET	650.25
City State Zip Code	Transaction ID: SE.6568
NEW YORK NY 10014	Office Sought: House State: NY
	Senate District:
PRINTING BANNERS	X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
	Other (specify) :
Calendar Year-To-Date Per Election 6870.46	2008
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
AVIS RENT A CAR SYSTEM, INC.	M M / D D / Y Y Y Y 10 / 31 / 2008
Mailing Address	Amount
7876 COLLECTIONS CTR DRIVE	1156.12
	Transaction ID: SE.6432
City State Zip Code - CHICAGO IL 60693	Office Sought: House State: <u>NH</u>
Purpose of Expenditure	Senate District:
TRAVEL EXPENSES	X Presidential
	Check One: X Support Oppose
BARACK OBAMA	
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election 102521.59	Other (specify) : 2008
for Office Sought	[MEMO ITEM]
	650.25
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the re committee) any political party committee or its agent.	
KEVIN FINNEGAN Date 03	26 2009
Signature	

Image# 29991793509 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	FEC IDENTIFICATION NUMBER ▼ C C00348540
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
JENNY BAUER	$\begin{array}{c c} M & M \\ 1 & 0 \end{array} / \begin{array}{c} D & D \\ 2 & 0 \end{array} / \begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \end{array}$
Mailing Address	Amount
2 WILCOTT PARK	56.00
City State Zip Code	Transaction ID: SE.6305
City State Zip Code MEDFORD MA 02155	Office Sought: House State: <u>NH</u>
Purpose of Expenditure REIMBURSEMENT FOR CA- TERING EXPENSES Category/ Type	Senate District: X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
Calendar Year-To-Date Per Election 93534.16	Other (specify) :
for Office Sought	[MEMO ITEM]
Full Name (Last, First, Middle, Initial) of Payee	Date
JENNY BAUER	1 0 / 2 4 / Y Y Y
Mailing Address 2 WILCOTT PARK	Amount
2 WILCOTT FARK	56.00
City State Zip Code	Transaction ID: SE.6411
MEDFORD MA 02155	Office Sought: House State: NH
Purpose of Expenditure REIMBURSEMENT FOR CA- TERING EXPENSE Category/ Type	X Senate District:
	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
	Other (specify) :
Calendar Year-To-Date Per Election 99247.17	2008 [MEMO ITEM]
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	·
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in co or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the re committee) any political party committee or its agent.	
KEVIN FINNEGAN Date	^D 26 2009
Signature	

Image# 29991793510 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 46 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	C C00348540
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
JENNY BAUER	M M / D D / Y Y Y Y 1.0 / 31 / 2008
Mailing Address	Amount
2 WILCOTT PARK	112.00
City State Zip Code	Transaction ID: SE.6433
MEDFORD MA 02155	Office Sought: House State: NH
Purpose of Expenditure REIMBURSEMENT FOR CA- TERING EXPENSE Category/ Type	X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	[MEMO ITEM]
Full Name (Last, First, Middle, Initial) of Payee	Date
JENNY BAUER	M M / D D / Y Y Y Y 1.1 / 03 / 2008
Mailing Address	Amount
2 WILCOTT PARK	56.00
City State Zip Code	Transaction ID: SE.6570
MEDFORD MA 02155	Office Sought: House State: NH
Purpose of Expenditure Category/	X Presidential
REIMBURSEMENT FOR CA- Type	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA	Check One: X Support Oppose
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election 103229.04	Other (specify) : 2008
for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	56.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the r committee) any political party committee or its agent.	
	D D Y Y Y Y
KEVIN FINNEGAN Date 03	26 2009
Signature	

Image# 29991793511 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 47 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	C C00348540
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
JENNY BAUER	M M / D D / Y Y Y Y 1.1 / 03 / 2008
Mailing Address 2 WILCOTT PARK	Amount
	45.78
City State Zip Code	Transaction ID: SE.6587
MEDFORD MA 02155	Office Sought: House State: <u>NH</u>
Purpose of Expenditure REIMBURSEMENT FOR CA- TERING EXPENSES	X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
	Other (specify) :
Calendar Year-To-Date Per Election 103274.82	2008
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
BENCOM LLC	10 24 2008
Mailing Address	Amount
928 BROADWAY, SUITE 903	1000.00
	Transaction ID: SE.6572
City State Zip Code NEW YORK NY 10010	Office Sought: House State: NY
Purpose of Expenditure	Senate District:
DESIGN ENDORSEMENT	X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election 6220.21	Other (specify) : 2008
for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	1045.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the r committee) any political party committee or its agent.	
M	D D Y Y Y Y Y
KEVIN FINNEGAN Date 03	26 2009
Signature	

Image# 29991793512 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 48 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	C C00348540
Check if24-hour notice48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
BENDELL'S EATERY OF NEW YORK	M M / D D / Y Y Y Y 1.0 / 20 / Y 2008
	Amount
1075 OLD COUNTRY ROAD	745.38
City State Zip	Code Transaction ID: SE.6306
WESTBURY NY 115	590 Office Sought: House State: PA
Purpose of Expenditure Category	X Presidential
CATERING EXPENSES	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA	Check One: X Support Oppose
BANACK OBAIVIA	Disbursement For: Primary X General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	36.56 ²⁰⁰⁸ [MEMO ITEM]
Full Name (Last, First, Middle, Initial) of Payee	Date
BENDELL'S EATERY OF NEW YORK	M M / D D / Y Y Y Y 1.0 24 2008
Mailing Address	Amount
1075 OLD COUNTRY ROAD	745.38
	Transaction ID: SE.6412
	Code Transaction D: Color H2 590 Office Sought: House State: PA
Purpose of Expenditure Category	Senate District:
CATERING EXPENSE Type	X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
	Other (specify) :
	91.39 [MEMO ITEM]
for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported hereir or at the request or suggestion of, any candidate or authorized committee or agent committee) any political party committee or its agent.	
KEVIN FINNEGAN	Date 03 26 2009
Signature	

Image# 29991793513 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDI	TURES	PAGE 49 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL I AL ACTION FUND	POLITIC-	C C00348540
Check if 24-hour notice 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee		Date
BENDELL'S EATERY OF NEW YORK		M M / D D / Y Y Y Y 10 31 / 2008
		Amount
1075 OLD COUNTRY ROAD		372.69
City	State Zip Code	Transaction ID: SE.6434
WESTBURY	NY 11590	Office Sought: House State: PA
Purpose of Expenditure CATERING EXPENSES	Category/	X Presidential
CATERING EXPENSES	Туре	
Name of Federal Candidate supported or Opposed by BARACK OBAMA	expenditure:	Check One: X Support Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election		Other (specify) :
for Office Sought	871895.58	²⁰⁰⁸ [MEMO ITEM]
Full Name (Last, First, Middle, Initial) of Payee		Date
BLACK TIE CATERING		M M / D D / Y Y Y Y 10 / 20 / 2008
Mailing Address		Amount
2200 N. MONROE STREET		1239.97
		Transaction ID: SE.6308
City BALTIMORE	StateZip CodeMD21217	Office Sought: House State: VA
Purpose of Expenditure		Senate District:
CATERING EXPENSES	Category/ Type	X Presidential
Name of Federal Candidate supported or Opposed by	expenditure:	Check One: X Support Oppose
BARACK OBAMA		
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election	5353.02	Other (specify) : 2008
for Office Sought		[MEMO ITEM]
(a) SUBTOTAL of Itemized Independent Expenditures		0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	5	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expendi	tures reported berein were not made in	cooperation consultation or concert with
or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.		
KEVIN FINNEGAN	Date 03	D D Y Y Y Y 26 2009
Signature		

Image# 29991793514 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITU	RES		PAGE 50 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC II	
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POL AL ACTION FUND	ITIC-	С	C00348540
Check if 24-hour notice 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee		Date	
BLACK TIE CATERING		10 ^{//} ^D 2 [/]	4 / Y Y Y Y 2008
Mailing Address 2200 N. MONROE STREET		Amount	1000.10
		Turner	1888.43
City Sta BALTIMORE MI		Transaction ID: Office Sought:	House State: VA
Purpose of Expenditure	Category/	X	Senate District: Presidential
CATERING EXPENSES	Туре		
Name of Federal Candidate supported or Opposed by expe BARACK OBAMA	enditure:	Check One: X	Support Oppose
		Disbursement For:	Primary X General
Calendar Year-To-Date Per Election	12484.84	2008	cify) :
for Office Sought		[ME	EMO ITEM]
Full Name (Last, First, Middle, Initial) of Payee		Date	
BLACK TIE CATERING			2008
Mailing Address 2200 N. MONROE STREET		Amount	
2200 N. MONNOL STREET			1494.68
City Sta	1	Transaction ID:	
BALTIMORE MI) 21217	Office Sought:	House State: VA Senate District:
Purpose of Expenditure CATERING EXPENSES	Category/ Type	X	Presidential
Name of Federal Candidate supported or Opposed by exp	enditure:	Check One: X	Support Oppose
BARACK OBAMA		Disbursement For:	Primary X General
Calendar Year-To-Date Per Election	10051.00		cify) :
for Office Sought	19651.32	2008	
(a) SUBTOTAL of Itemized Independent Expenditures			1494.68
(-,			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures or at the request or suggestion of, any candidate or authorized com committee) any political party committee or its agent.			
	ММ	D D Y Y	Y Y
KEVIN FINNEGAN Signature	Date 03	26 2009	
Orginaldite			

Image# 29991793515 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 51 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER 🔻
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	C C00348540
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
BLACK TIE CATERING	1 0 / 2 4 / Y Y Y Y
Mailing Address	Amount
2200 N. MONROE STREET	393.75
City State Zip Code	Transaction ID: SE.6574
BALTIMORE MD 21217	Office Sought: House State: VA
Purpose of Expenditure Category/	X Presidential
CATERING Type	
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Disbursement For: Reneral
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	2008
Full Name (Last, First, Middle, Initial) of Payee	Date
BOSTON MARKET - STORE 1095	M M / D D / Y Y Y Y 10 / 24 / 2008
Mailing Address	Amount
31 SNYDER AVENUE	1442.89
City State Zip Code	Transaction ID: SE.6414
PHILADELPHIA PA 19148	Office Sought: House State: PA
Purpose of Expenditure Category/	Senate District:
CATERING EXPENSE	X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
	Other (specify) :
Calendar Year-To-Date Per Election 840034.28	
for Office Sought	
	393.75
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if th committee) any political party committee or its agent.	
KEVIN FINNEGAN Date 03	D D Y Y Y Y 26 2009
Signature	

Image# 29991793516 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITUR	RES		PAGE 52 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FE	
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLIT AL ACTION FUND	IC-	C	C00348540
Check if 24-hour notice 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee		Date	
BOSTON MARKET - STORE 1095			2 4 / Y Y Y Y 2 0 0 8
Mailing Address 31 SNYDER AVENUE		Amount	
STSNIDERAVENCE			1442.89
City State	zip Code	Transaction II	D: SE.6446
PHILADELPHIA PA	19148	Office Sought:	House State: PA
Purpose of Expenditure	Category/		Senate District: X Presidential
CATERING EXPENSE	Туре		X Presidentia
Name of Federal Candidate supported or Opposed by exper	nditure:	Check One:	X Support Oppose
BARACK OBAMA		Disbursement Fo	or: Primary X General
Calendar Year-To-Date Per Election			specify) :
for Office Sought	846589.49	2008	
Full Name (Last, First, Middle, Initial) of Payee		Date	
BOSTON MARKET - STORE 381		мм/ D	2 4 / Y Y Y Y 2 0 0 8
Mailing Address		Amount	
7240 TORRESDALE AVENUE			961.93
City State	zip Code	Transaction II	D: SE.6402
PHILADELPHIA PA	19148	Office Sought:	House State: PA
Purpose of Expenditure	Category/		Senate District: X Presidential
CATERING EXPENSE	Туре		X Fresidentia
Name of Federal Candidate supported or Opposed by exper	diture:	Check One:	X Support Oppose
BARACK OBAMA		Dishursement	or: Primary X General
		Disbursement Fo	specify) :
Calendar Year-To-Date Per Election	837846.01	2008	[MEMO ITEM]
for Office Sought			
			1442.89
(a) SUBTOTAL of Itemized Independent Expenditures			1442.03
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the independent expenditures r or at the request or suggestion of, any candidate or authorized comm committee) any political party committee or its agent.			
KEVIN FINNEGAN	Date 03		Y Y Y 09
Signature			

Image# 29991793517 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 53 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	C C00348540
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
BOSTON MARKET - STORE 381	10 [/] / ²⁴ / ^Y ^Y ^Y ^Y
Mailing Address	Amount
7240 TORRESDALE AVENUE	961.93
City State Zip Code	Transaction ID: SE.6448
PHILADELPHIA PA 19148	Office Sought: House State: PA
Purpose of Expenditure Category/	Senate District: X Presidential
CATERING EXPENSE	X ·······
Name of Federal Candidate supported of Opposed by expenditure.	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: 🗌 Primary 🛛 🗙 General
Colorder Very To Date Day Election	Other (specify) :
Calendar Year-To-Date Per Election 848898.12	2008
Full Name (Last, First, Middle, Initial) of Payee	Date
BOSTON MARKET - STORE 392	1 0 / 2 4 / Y Y Y Y 2 0 0 8
Mailing Address	Amount
5200 BALTIMORE PIKE	1346.70
City State Zip Code	Transaction ID: SE.6415
CLIFTON HEIGHTS PA 19018	Office Sought: House State: PA
Purpose of Expenditure Category/	Senate District: X Presidential
CATERING EXPENSES	X Fresidentia
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
	Other (specify) :
Calendar Year-To-Date Per Election 841380.98	
for Office Sought	
	961.93
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in co or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the rep committee) any political party committee or its agent.	
	26 2009
KEVIN FINNEGAN Date 0.3 Signature	26 2009

Image# 29991793518 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES		PAGE 54 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		C C00348540
Check if 24-hour notice 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee	Date	
BOSTON MARKET - STORE 392	M1 (M / D D / Y Y Y Y 2 4 2008
Mailing Address 5200 BALTIMORE PIKE	Amo	
	Trop	1346.70 saction ID: SE.6447
City State CLIFTON HEIGHTS PA	Zip Code	Sought: House State: PA
Purpose of Expenditure CATERING EXPENSES	jory/	Senate District: X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check	One: X Support Oppose
BARACK OBAMA	Disbur	sement For: Primary X General
Calendar Year-To-Date Per Election	7936.19 20	Other (specify) :
for Office Sought		
Full Name (Last, First, Middle, Initial) of Payee	Date	
LILLIAN CARINO	M ₁ (M / D D / Y Y Y Y 20 20 2008
Mailing Address 327 SAINT NICHOLAS AVENUE APT. 2N	Amo	unt 45.00
City State	Zip Code	saction ID: SE.6311
NEW YORK NY	10027-3609 Office	Sought: House State: PA Senate District:
Purpose of Expenditure REIMBURSEMENT FOR TR- AVEL EXPENSES	ype	X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check	One: X Support Oppose
BARACK OBAMA	Disbur	sement For: Primary X General
Calendar Year-To-Date Per Election		Other (specify) :
for Office Sought	4181.56 20	[MEMO ITEM]
(a) SUBTOTAL of Itemized Independent Expenditures		1346.70
(b) SUBTOTAL of Uniternized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported h or at the request or suggestion of, any candidate or authorized committee or a committee) any political party committee or its agent.		
KEVIN FINNEGAN Signature	Date 03 26	Y Y Y Y 2009

Image# 29991793519 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 55 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	C C00348540
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
AL DAVIDOFF	$\begin{array}{c c} M & M \\ 1 & 0 \end{array} \begin{array}{c} \prime & D & D \\ 2 & 0 \end{array} \begin{array}{c} \prime & Y & Y & Y \\ 2 & 0 & 0 \end{array} $
Mailing Address 407 UTICA AVENUE	Amount
	244.50
City State Zip Code	Transaction ID: SE.6312 Office Sought: House State: PA
Purpose of Expenditure REIMBURSEMENT FOR CA- TERING EXPENSES	X Senate District:
	Check One: X Support Oppose
BARACK OBAMA	
D	Disbursement For: Primary X General
Calendar Year-To-Date Per Election 744426.06	Other (specify) : 2008
for Office Sought	[MEMO ITEM]
Full Name (Last, First, Middle, Initial) of Payee	Date
AL DAVIDOFF	M M / D D / Y Y Y Y 10 24
8	Amount
407 UTICA AVENUE	244.50
City State Zip Code	Transaction ID: SE.6449
ITHACA NY 14850 C	Office Sought: House State: PA
Purpose of Expenditure Category/	X Presidential
CATERING EXPENSE	
Name of rederal Candidate supported of Opposed by expenditure.	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	2008
	244.50
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cor or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the rep committee) any political party committee or its agent.	
M M	
KEVIN FINNEGAN Date 0.3	26 2009
Signature	

Image# 29991793520 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITUR	RES		PAGE 56 / 81
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLIT AL ACTION FUND	ГІС-		CIDENTIFICATION NUMBER V
Check if24-hour notice48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee		Date	
ENTERPRISE RENT-A-CAR			20 / Y Y Y Y 2008
Mailing Address		Amount	
P.O. BOX 840173			569.52
City State	e Zip Code	Transaction ID	
KANSAS CITY MO	64184-0173	Office Sought:	House State: <u>NH</u>
Purpose of Expenditure TRAVEL EXPENSES	Category/ Type		Senate District: X Presidential
Name of Federal Candidate supported or Opposed by experience		Check One:	X Support Oppose
BARACK OBAMA			
		Disbursement Fo	r: Primary X General
Calendar Year-To-Date Per Election			specify) :
for Office Sought	94103.68	²⁰⁰⁸ [MEMO ITEM]
for Office Sought		E	
Full Name (Last, First, Middle, Initial) of Payee		Date	
ENTERPRISE RENT-A-CAR		M M / D	20 / Y Y Y Y 200 / 2008
Mailing Address		Amount	
P.O. BOX 840173			1157.12
City State	e Zip Code	Transaction ID	
KANSAS CITY MO	64184-0173	Office Sought:	House State: PA
Purpose of Expenditure	Cotogon/	-	Senate District:
TRANSPORTATION COSTS	Category/ Type	L	X Presidential
		Check One:	X Support Oppose
Name of Federal Candidate supported or Opposed by exper BARACK OBAMA	nalture:		
BANAGR OBANIA		Disbursement Fo	r: Primary X General
Calendar Year-To-Date Per Election			specify) :
for Office Sought	745583.18	2008	MEMO ITEM]
		-	-
(a) SUBTOTAL of Itemized Independent Expenditures			0.00
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures r or at the request or suggestion of, any candidate or authorized comm committee) any political party committee or its agent.			
	MM		Y Y Y
KEVIN FINNEGAN	Date 03	26 20	
Signature			

Image# 29991793521 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 57 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	FEC IDENTIFICATION NUMBER ▼ C C00348540
Check if 24-hour notice 48-hour notice	
	Date
ENTERPRISE RENT-A-CAR	M M / D D / Y Y Y Y 20 / 20 / 2008
Mailing Address	Amount
P.O. BOX 840173	1814.40
	Transaction ID: SE.6317
City State Zip Code	Dffice Sought: House State: VA
	Senate District:
Purpose of Expenditure TRANSPORTATION COSTS Category/ Type	X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
	Disbursement For: Primary X General
Colorday Very To Date Day Election	Other (specify) :
Calendar Year-To-Date Per Election 7167.42	2008 [MEMO ITEM]
for Office Sought	[
Full Name (Last, First, Middle, Initial) of Payee	Date
ENTERPRISE RENT-A-CAR	$ \begin{array}{c c} M & M \\ 1 & 0 \end{array} \begin{array}{c} \prime & D & D \\ 2 & 2 \end{array} \begin{array}{c} \prime & Y & Y & Y \\ 2 & 0 & 0 \end{array} $
Mailing Address	Amount
P.O. BOX 840173	711.90
	Transaction ID: SE.6416
City State Zip Code	Difice Sought: House State: NH
	Senate District:
Purpose of Expenditure TRANSPORTATION COSTS Category/ Tune	X Presidential
Туре	
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
Calendar Year-To-Date Per Election 99247.17	Other (specify) :
for Office Sought	[MEMO ITEM]
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coor or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the rep committee) any political party committee or its agent.	
	D D Y Y Y Y 26 2009
KEVIN FINNEGAN Date 0.3 Signature 0.3 0.3	26 2009
Orginature	

Image# 29991793522 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 58 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	FEC IDENTIFICATION NUMBER ▼ C C00348540
Check if 24-hour notice 48-hour notice	
	Date
ENTERPRISE RENT-A-CAR	M M / D D / Y Y Y Y 1.0 24 2008
Mailing Address	Amount
P.O. BOX 840173	503.22
	Transaction ID: SE.6417
City State Zip Code	
KANSAS CITY MO 64184-0173	Diffice Sought: House State: PA Senate District:
Purpose of Expenditure TRANSPORTATION EXPEN- Category/ Type	Senate District: X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
	Disbursement For: Primary X General
	Other (specify) :
Calendar Year-To-Date Per Election 841884.20	2008 [MEMO ITEM]
for Office Sought	[]
Full Name (Last, First, Middle, Initial) of Payee	Date
ENTERPRISE RENT-A-CAR	M M / D D / Y Y Y Y 10 / 24 / 2008
Mailing Address	Amount
P.O. BOX 840173	4032.00
	Transaction ID: SE.6418
City State Zip Code	Difice Sought: House State: VA
	Senate District:
Purpose of Expenditure Category/	X Presidential
TRANSPORTATION COSTS	
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	
C	Disbursement For: Primary X General
Calendar Year-To-Date Per Election	Other (specify) : 2008
for Office Sought	[MEMO ITEM]
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in co	operation consultation or concert with
or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the rep committee) any political party committee or its agent.	
KEVIN FINNEGAN Date 03	D D Y Y Y Y 26 2009
Signature	
-	

Image# 29991793523 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 59 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	C C00348540
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
ENTERPRISE RENT-A-CAR	1 1 / 0 3 / Y Y Y Y
Mailing Address	Amount
P.O. BOX 840173	1411.20
City State Zip Code	Transaction ID: SE.6576
KANSAS CITY MO 64184-0173	Office Sought: House State: VA
Purpose of Expenditure TRAVEL EXPENSES Category/ Type	X Senate District:
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
Calendar Year-To-Date Per Election 21456.27	Other (specify) : 2008
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
GOOD & PLENTY TO GO	M M / D D / Y Y Y Y 2008
Mailing Address	Amount
410 WEST 43RD STREET	1842.38
	Transaction ID: SE.6318
City State Zip Code NEW YORK NY 10036	Office Sought: House State: PA
Purpose of Expenditure	Senate District:
CATERING EXPENSES	X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election 747425.56	Other (specify) :
for Office Sought	
	1411.20
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if committee) any political party committee or its agent.	
M	M D D Y Y Y Y
KEVIN FINNEGAN Date 0.3	
Signature	

Image# 29991793524 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 60 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		F	
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND			C C00348540
Check if 24-hour notice 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee		Date	
GOOD & PLENTY TO GO		M_M_/ 1_0	^D 2 ^A / ^Y 2 0 0 8
		Amount	
410 WEST 43RD STREET			2145.83
City State	Zip Code	Transaction	
NEW YORK NY	10036	Office Sought:	
Purpose of Expenditure	tegory/		X Presidential
CATERING	Туре		X Hosidentia
Name of Federal Candidate supported or Opposed by expenditure	:	Check One:	X Support Oppose
BARACK OBAMA		Disbursement F	For: Primary X General
Calendar Year-To-Date Per Election			(specify) :
for Office Sought	851765.45	2008	
Full Name (Last, First, Middle, Initial) of Payee		Date	
GOOD & PLENTY TO GO			D D / Y Y Y Y
		1 0	^D 2 4 / Y Y Y Y 2 0 0 8
Mailing Address 410 WEST 43RD STREET		Amount	
410 WEST 45HD STHEET			54.19
City State	Zip Code	Transaction	ID: SE.6713
NEW YORK NY	10036	Office Sought:	
Purpose of Expenditure	itegory/		X Presidential
CATERING EXPENSES	Туре		X Hosidentia
Name of Federal Candidate supported or Opposed by expenditure	:	Check One:	X Support Oppose
BARACK OBAMA		Disbursement F	For: Primary X General
			(specify) :
Calendar Year-To-Date Per Election	870954.54	2008	
for Office Sought			[
(a) SUBTOTAL of Itemized Independent Expenditures			2145.83
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of periury I certify that the independent expenditures reporte	d herein were not made in	cooperation cons	ultation or concert with
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
	MM	D D Y	Y Y Y
KEVIN FINNEGAN	Date 03		0 0 9
Signature			

Image# 29991793525 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 61 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	C C00348540
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
GOOD & PLENTY TO GO	M M / D D / Y Y Y Y 2 4 / 2 0 0 8
Mailing Address	Amount
410 WEST 43RD STREET	54.19
City State Zip Code	Transaction ID: SE.6715
NEW YORK NY 10036	Office Sought: House State: PA
Purpose of Expenditure CATERING EXPENSES Category/ Type	X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election 871008.73	Other (specify) : 2008
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
HORIZON BUS INC.	M M / D D / Y Y Y Y 2008
Mailing Address	Amount
P.O. BOX 64	3000.00
	Transaction ID: SE.6319
City State Zip Code Set 2006 S	Office Sought: House State: PA
Purpose of Expenditure	Senate District:
TRANSPORTATION COSTS	X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election	Other (specify) : 2008
for Office Sought	[MEMO ITEM]
(a) SUBTOTAL of Itamized Independent Expenditures	54.19
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in	cooperation consultation or concert with
or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the i committee) any political party committee or its agent.	
KEVIN FINNEGAN Date 0.3	26 2009
Signature	

Image# 29991793526 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPEND	ITURES	PAGE 62 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL AL ACTION FUND	POLITIC-	C C00348540
Check if 24-hour notice 48-hour notice	e	
Full Name (Last, First, Middle, Initial) of Payee		Date
HORIZON BUS INC.		M M / D D / Y Y Y Y 10 / 24 / 2008
Mailing Address P.O. BOX 64		Amount
F.U. BUX 64		3000.00
City	State Zip Code	Transaction ID: SE.6420
BELLPORT	NY 11713-0064	Office Sought: House State: PA
Purpose of Expenditure	Category/ Type	X Presidential
Name of Federal Candidate supported or Opposed by	y expenditure:	Check One: X Support Oppose
BARACK OBAMA		Disbursement For: Primary X General
Calendar Year-To-Date Per Election	844884.20	Other (specify) : 2008
for Office Sought		
Full Name (Last, First, Middle, Initial) of Payee		Date
HORIZON BUS INC.		M M / D D / Y Y Y Y 10 / 31 / 2008
Mailing Address		Amount
P.O. BOX 64		1500.00
		Transaction ID: SE.6435
City BELLPORT	State Zip Code NY 11713-0064	Office Sought: House State: PA
Purpose of Expenditure		Senate District:
TRANSPORTATION COSTS	Category/ Type	X Presidential
Name of Federal Candidate supported or Opposed by	v expenditure:	Check One: X Support Oppose
BARACK OBAMA		Disbursement For: Primary X General
Calendar Year-To-Date Per Election	873395.58	Other (specify) : 2008
for Office Sought		
(a) SUBTOTAL of Itemized Independent Expenditures .		0.00
(a) SUBTOTAL OF REFIZED INdependent Expenditores .		
(b) SUBTOTAL of Uniternized Independent Expenditure	əs	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expend or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.		
	M	D D Y Y Y Y
KEVIN FINNEGAN	Date 03	
Signature		

Image# 29991793527 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 63 / 81
	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC-	FEC IDENTIFICATION NUMBER
AL ACTION FUND	C C00348540
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee ANTONELLA PECHTEL	Date M M / D D / Y Y Y Y
	M M / D D / Y Y Y Y 10 / 20 / 2008
Mailing Address 401 ROSE AVE	Amount
	56.00
City State Zip Code	Transaction ID: SE.6321
SCHENECTADY NY 12308	Office Sought: House State: NH
Purpose of Expenditure	X Presidential
REIMBURSEMENT FOR CA-	
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	²⁰⁰⁸ [MEMO ITEM]
Full Name (Last, First, Middle, Initial) of Payee	Date
ANTONELLA PECHTEL	
Mailing Address	Amount
401 ROSE AVE	56.00
City State Zip Code	Transaction ID: SE.6492
SCHENECTADY NY 12308	Office Sought: House State: <u>NH</u>
Purpose of Expenditure	X Presidential
REIMBURSEMENT FOR CA-	X Hostorina
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
	Other (specify) :
Calendar Year-To-Date Per Election 99191.17	2008
to Once Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	56.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the re committee) any political party committee or its agent.	
	D D Y Y Y Y 26 2009
Signature Sale Sale Sale Sale Sale Sale Sale Sal	

Image# 29991793528 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 64 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	C C00348540
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
ANTONELLA PECHTEL	M M / D D / Y Y Y Y 10 24 2008
Mailing Address 401 ROSE AVE	Amount
401 ROSE AVE	250.00
City State Zip Code	Transaction ID: SE.6421
SCHENECTADY NY 12308	Office Sought: House State: <u>NH</u>
Purpose of Expenditure REIMBURSEMENT CATERI- NG EXPENSE Category/ Type	X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	²⁰⁰⁸ [MEMO ITEM]
Full Name (Last, First, Middle, Initial) of Payee	Date
ANTONELLA PECHTEL	M M / D D / Y Y Y Y 10 / 24 / 2008
Mailing Address	Amount
401 ROSE AVE	48.61
City State Zip Code	Transaction ID: SE.6497
SCHENECTADY NY 12308	Office Sought: House State: <u>NH</u>
Purpose of Expenditure	X Presidential
REIMBURSEMENT CATERI-	X Hoodonita
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
	Other (specify) :
Calendar Year-To-Date Per Election 100849.23	2008
for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	48.61
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	
M	
KEVIN FINNEGAN Date 03	26 Y Y Y Y 2009
Signature	

Image# 29991793529 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPEND	ITURES	PAGE 65 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL AL ACTION FUND	POLITIC-	C C00348540
Check if24-hour notice48-hour notic	е	
Full Name (Last, First, Middle, Initial) of Payee		Date
PREMIER COACH OF NYC		
Mailing Address 1150 LONGWOOD AVE		Amount
		25513.20
City	State Zip Code	Transaction ID: SE.6322
BRONX	NY 10474	Office Sought: House State: PA
Purpose of Expenditure TRANSPORTATION COSTS	Category/ Type	X Presidential
Name of Federal Candidate supported or Opposed b	y expenditure:	Check One: X Support Oppose
BARACK OBAMA		Disbursement For: Primary X General
Calendar Year-To-Date Per Election		Other (specify) :
for Office Sought	775938.76	²⁰⁰⁸ [MEMO ITEM]
Full Name (Last, First, Middle, Initial) of Payee		Date
PREMIER COACH OF NYC		10 / D D / Y Y Y Y 2008
Mailing Address		Amount
1150 LONGWOOD AVE		25513.20
011		Transaction ID: SE.6582
City BRONX	State Zip Code NY 10474	Office Sought: House State: PA
Purpose of Expenditure		Senate District:
TRANSPORTATION COSTS	Category/ Type	X Presidential
Name of Federal Candidate supported or Opposed b	y expenditure:	Check One: X Support Oppose
BARACK OBAMA		Disbursement For: Primary X General
Calendar Year-To-Date Per Election	836884.08	Other (specify) : 2008
for Office Sought		
(a) SUBTOTAL of Itemized Independent Expenditures.		25513.20
(b) SUBTOTAL of Uniternized Independent Expenditure	es	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expend or at the request or suggestion of, any candidate or authorize committee) any political party committee or its agent.		
	M	
KEVIN FINNEGAN	Date 03	26 2009
Signature		

Image# 29991793530 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPEND	ITURES	PAGE 66 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER	
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL AL ACTION FUND	. POLITIC-	C C00348540
Check if24-hour notice48-hour notic	е	
Full Name (Last, First, Middle, Initial) of Payee		Date
PREMIER COACH OF NYC		10 ^M 24 ^V 2008
Mailing Address 1150 LONGWOOD AVE		Amount
		19134.90
City	State Zip Code	Transaction ID: SE.6580
BRONX	NY 10474	Office Sought: House State: <u>PA</u> Senate District:
Purpose of Expenditure TRAVEL EXPENSES	Category/ Type	X Presidential
Name of Federal Candidate supported or Opposed b	y expenditure:	Check One: X Support Oppose
BARACK OBAMA		Disbursement For: Primary X General
Calendar Year-To-Date Per Election		Other (specify) :
for Office Sought	870900.35	2008
Full Name (Last, First, Middle, Initial) of Payee		Date
PREMIER COACH OF NYC		
Mailing Address 1150 LONGWOOD AVE		Amount
		22324.05
City	State Zip Code	Transaction ID: SE.6436
BRONX	NY 10474	Office Sought: House State: <u>PA</u> Senate District:
Purpose of Expenditure TRANSPORTATION COSTS	Category/	X Presidential
		Check One: X Support Oppose
Name of Federal Candidate supported or Opposed b BARACK OBAMA	y experialiture:	
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election	895719.63	Other (specify) : 2008
for Office Sought	000710.00	
(a) SUBTOTAL of Itemized Independent Expenditures		19134.90
(b) SUBTOTAL of Unitemized Independent Expenditure	es	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expend or at the request or suggestion of, any candidate or authorize committee) any political party committee or its agent.		
	M	D D Y Y Y Y
KEVIN FINNEGAN	Date 03	26 2009
Signature		

Image# 29991793531 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPEND	ITURES	PAGE 67 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER	
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL AL ACTION FUND	POLITIC-	C C00348540
Check if 24-hour notice 48-hour notic	е	
Full Name (Last, First, Middle, Initial) of Payee		Date
PREMIER COACH OF NYC		10 [/] 10 [/] 31 [/] 2008
Mailing Address 1150 LONGWOOD AVE		Amount
		818.55
City	State Zip Code	Transaction ID: SE.6585
BRONX	NY 10474	Office Sought: House State: <u>PA</u> Senate District:
Purpose of Expenditure TRANSPORTATION COSTS	Category/ Type	X Presidential
Name of Federal Candidate supported or Opposed b	y expenditure:	Check One: X Support Oppose
BARACK OBAMA		Disbursement For: Primary X General
Calendar Year-To-Date Per Election	000000 70	Other (specify) :
for Office Sought	899090.78	2008
Full Name (Last, First, Middle, Initial) of Payee		Date
PREMIER COACH OF NYC		M M / D D / Y Y Y Y 1,1 / 04 / 2008
Mailing Address		Amount
1150 LONGWOOD AVE		31891.15
City	State Zip Code	Transaction ID: SE.6439
City BRONX	NY 10474	Office Sought: House State: PA
Purpose of Expenditure	Category/	X Presidential
TRANSPORTATION COSTS	Туре	
Name of Federal Candidate supported or Opposed b	y expenditure:	Check One: X Support Oppose
BARACK OBAMA		Disbursement For: Primary X General
		Other (specify) :
Calendar Year-To-Date Per Election for Office Sought	930981.93	2008 [MEMO ITEM]
-		
(a) SUBTOTAL of Itemized Independent Expenditures .		818.55
(b) SUBTOTAL of Uniternized Independent Expenditure	es	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expend or at the request or suggestion of, any candidate or authorize committee) any political party committee or its agent.		
	M M	
KEVIN FINNEGAN	Date 03	26 2009
Signature		

Image# 29991793532 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 68 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	C C00348540
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
JENNIFER TUTTLE	M M / D D / Y Y Y Y 10 / 24 / 2008
Mailing Address 101 SATINWOOD DRIVE	Amount
	257.08
City State Zip Code	Transaction ID: SE.6717
CAMILLUS NY 13031	Office Sought: House State: PA
Purpose of Expenditure REIMBURSEMENT FOR CA- TERING EXPENSES Category/ Type	X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: 🔲 Primary 🛛 🗴 General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	²⁰⁰⁸ [MEMO ITEM]
Full Name (Last, First, Middle, Initial) of Payee	Date M M / D D / Y Y Y Y
JENNIFER TUTTLE	M M / D D / Y Y Y Y 10 24 2008
Mailing Address 101 SATINWOOD DRIVE	Amount
	257.08
City State Zip Code	Transaction ID: SE.6720
CAMILLUS NY 13031	Office Sought: House State: PA
Purpose of Expenditure	X Presidential
REIMBURSEMENT FOR CA- TERING EXPENSES	
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
	Other (specify) :
Calendar Year-To-Date Per Election 871522.89	2008
(a) SUBTOTAL of Itemized Independent Expenditures	257.08
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the r committee) any political party committee or its agent.	
M [×] M	D D Y Y Y Y Y
KEVIN FINNEGAN Date 0.3	26 2009
Signature	

Image# 29991793533 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDI	URES	PAGE 69 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL P AL ACTION FUND	OLITIC-	C C00348540
Check if 24-hour notice 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee		Date
UNION TRAVEL MASTERCARD		M M / D D / Y Y Y Y 10 / 20 / 2008
Mailing Address		Amount
P.O. BOX 88000		539.45
City	State Zip Code	Transaction ID: SE.6323
BALTIMORE	MD 21288	Office Sought: House State: <u>NH</u> Senate District:
Purpose of Expenditure TRANSPORTATION COSTS	Category/ Type	X Presidential
Name of Federal Candidate supported or Opposed by e	expenditure:	Check One: X Support Oppose
BARACK OBAMA		Disbursement For: Primary X General
Calendar Year-To-Date Per Election		Other (specify) :
for Office Sought	94699.13	²⁰⁰⁸ [MEMO ITEM]
		Dete
Full Name (Last, First, Middle, Initial) of Payee		Date MM/DD/YYYY
UNION TRAVEL MASTERCARD		M M / D D / Y Y Y Y 10 / 20 / 2008
Mailing Address P.O. BOX 88000		Amount
1.0. DOX 00000		798.20
City	State Zip Code	Transaction ID: SE.6324
BALTIMORE	MD 21288	Office Sought: House State: <u>NH</u> Senate District:
Purpose of Expenditure TRANSPORTATION COSTS	Category/	X Presidential
	Туре	
Name of Federal Candidate supported or Opposed by e	expenditure:	Check One: X Support Oppose
BARACK OBAMA		Disbursement For: Primary X General
Calendar Year-To-Date Per Election		Other (specify) :
for Office Sought	95497.33	²⁰⁰⁸ [MEMO ITEM]
(a) SUBTOTAL of Itemized Independent Expenditures		0.00
(b) SUBTOTAL of Uniternized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditu or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.		
	ММ	D D Y Y Y Y Y
KEVIN FINNEGAN	Date 03	26 2009
Signature		

Image# 29991793534 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDI	TURES	PAGE 70 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL F AL ACTION FUND	POLITIC-	C C00348540
Check if24-hour notice48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee		Date
UNION TRAVEL MASTERCARD		M M / D D / Y Y Y Y 2008
Mailing Address		Amount
P.O. BOX 88000		3637.84
City	State Zip Code	Transaction ID: SE.6325
BALTIMORE	MD 21288	Office Sought: House State: <u>NH</u>
Purpose of Expenditure CATERING EXPENSES	Category/	X Presidential
	Туре	
Name of Federal Candidate supported or Opposed by BARACK OBAMA	expenditure:	Check One: X Support Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election	00105 17	Other (specify) :
for Office Sought	99135.17	[MEMO ITEM]
Full Name (Last, First, Middle, Initial) of Payee		Date
UNION TRAVEL MASTERCARD		M M / D D / Y Y Y Y 10 20 2008
Mailing Address		Amount
P.O. BOX 88000		1849.15
City	State Zip Code	Transaction ID: SE.6326
BALTIMORE	MD 21288	Office Sought: House State: PA
Purpose of Expenditure	Category/	X Presidential
CATERING EXPENSES	Туре	
Name of Federal Candidate supported or Opposed by	expenditure:	Check One: X Support Oppose
BARACK OBAMA		Disbursement For: Primary X General
Calendar Year-To-Date Per Election		Other (specify) :
for Office Sought	777787.91	²⁰⁰⁸ [MEMO ITEM]
<u></u>		
(a) SUBTOTAL of Itemized Independent Expenditures		0.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expendit or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.		
KEVIN FINNEGAN	Date 03	26 Y Y Y Y 2009
Signature		

Image# 29991793535 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 71 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	C C00348540
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
UNION TRAVEL MASTERCARD	M M / D D / Y Y Y Y 1.0 / 20 / 2008
Mailing Address	Amount
P.O. BOX 88000	16156.00
City State Zip Code	Transaction ID: SE.6327
BALTIMORE MD 21288	Office Sought: House State: PA
Purpose of Expenditure Category/	Senate District: X Presidential
CATERING EXPENSES	
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	²⁰⁰⁸ [MEMO ITEM]
Full Name (Last, First, Middle, Initial) of Payee	Date
UNION TRAVEL MASTERCARD	1.0 / D D / Y Y Y Y 2.0 0.8
Mailing Address	Amount
P.O. BOX 88000	835.02
City State Zip Code	Transaction ID: SE.6328
BALTIMORE MD 21288	Office Sought: House State: PA
Purpose of Expenditure Category/	Senate District: X Presidential
BEVERAGE EXPENSES	A Prosidentia
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
	Other (specify) :
Calendar Year-To-Date Per Election 794778.93	
for Office Sought	
	0.00
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the committee) any political party committee or its agent.	
KEVIN FINNEGAN Date 03	26 2009
Signature	
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Image# 29991793536 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDI	TURES	PAGE 72 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL	POLITIC-	C C00348540
Check if 24-hour notice 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee		Date
UNION TRAVEL MASTERCARD		M M / D D / Y Y Y Y 10 / 20 / Y 2008
Mailing Address		Amount
P.O. BOX 88000		435.95
City	State Zip Code	Transaction ID: SE.6329
BALTIMORE	MD 21288	Office Sought: House State: PA
Purpose of Expenditure TRAVEL EXPENSES	Category/ Type	X Senate District: X Presidential
Name of Federal Candidate supported or Opposed by		Check One: X Support Oppose
BARACK OBAMA		Disbursement For: Primary X General
		Other (specify) :
Calendar Year-To-Date Per Election	795214.88	
for Office Sought		
Full Name (Last, First, Middle, Initial) of Payee		Date
UNION TRAVEL MASTERCARD		10 / 20 / Y Y Y Y 2008
Mailing Address		Amount
P.O. BOX 88000		1056.95
City	State Zin Cada	Transaction ID: SE.6330
City BALTIMORE	State Zip Code MD 21288	Office Sought: House State: VA
Purpose of Expenditure		Senate District:
TRAVEL EXPENSES	Category/ Type	X Presidential
Name of Federal Candidate supported or Opposed by	expenditure:	Check One: X Support Oppose
BARACK OBAMA		Disbursement For: Primary X General
		Other (specify) :
Calendar Year-To-Date Per Election	8224.37	2008 [MEMO ITEM]
for Office Sought		
(a) SUBTOTAL of Itemized Independent Expenditures		0.00
(b) SUBTOTAL of Uniternized Independent Expenditures	3	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expendi or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.		
	M	D D Y Y Y Y
KEVIN FINNEGAN	Date 03	26 2009
Signature		

Image# 29991793537 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 73 / 81 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER	
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	C C00348540	
Check if 24-hour notice 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee	Date	
UNION TRAVEL MASTERCARD	M M / D D / Y Y Y Y 10 20 / 2008	
Mailing Address P.O. BOX 88000	Amount	
P.O. BOX 88000	2372.04	
City State Zip Code	Transaction ID: SE.6331	
BALTIMORE MD 21288	Office Sought: House State: VA	
Purpose of Expenditure Category/	X Presidential	
CATERING EXPENSES	X Presidential	
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose	
BARACK OBAMA	Disbursement For: Primary X General	
Calendar Year-To-Date Per Election	Other (specify) :	
for Office Sought	²⁰⁰⁸ [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee	Date	
UNION TRAVEL MASTERCARD	M M / D D / Y Y Y Y 10 / 20 / 2008	
Mailing Address	Amount	
P.O. BOX 88000	16156.00	
	Transaction ID: SE.6480	
City State Zip Code - BALTIMORE MD 21288	Office Sought: House State: PA	
Purpose of Expenditure	Senate District:	
CATERING EXPENSES	X Presidential	
	Check One: X Support Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		
	Disbursement For: Primary X General	
Calendar Year-To-Date Per Election	Other (specify) : 2008	
for Office Sought	2006	
<u></u>		
(a) SUBTOTAL of Itemized Independent Expenditures	16156.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with,		
or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
KEVIN FINNEGAN Date 03	D D Y Y Y Y Y 26 2009	
Signature Sale Sale Sale Sale Sale Sale Sale Sal		

Image# 29991793538 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 74 / 81 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER	
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	C C00348540	
Check if 24-hour notice 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee	Date	
UNION TRAVEL MASTERCARD	$ \begin{array}{c c} M & M \\ 1 & 0 \end{array} \begin{array}{c} \prime & D & D \\ & 2 & 4 \end{array} \begin{array}{c} \prime & Y & Y & Y \\ & 2 & 0 & 0 & 8 \end{array} $	
Mailing Address	Amount	
P.O. BOX 88000	367.37	
City State Zip Code	Transaction ID: SE.6422	
BALTIMORE MD 21288	Office Sought: House State: <u>NH</u>	
Purpose of Expenditure Category/	Senate District:	
TRAVEL EXPENSES	X Presidential	
Name of rederal Candidate supported of Opposed by expenditure.	Check One: X Support Oppose	
BARACK OBAMA	Disbursement For: Primary X General	
Colorder Veer To Date Der Election	Other (specify) :	
Calendar Year-To-Date Per Election 99864.54	²⁰⁰⁸ [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee	Date	
UNION TRAVEL MASTERCARD	10 / 24 / Y Y Y	
Mailing Address	Amount	
P.O. BOX 88000	262.40	
	Transaction ID: SE.6423	
City State Zip Code BALTIMORE MD 21288	Office Sought: House State: PA	
Purpose of Expenditure	Senate District:	
TRAVEL EXPENSES	X Presidential	
	Check One: X Support Oppose	
BARACK OBAMA		
	Disbursement For: Primary X General	
Calendar Year-To-Date Per Election 845146.60	Other (specify) : 2008	
for Office Sought	[MEMO ITEM]	
	0.00	
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
KEVIN FINNEGAN Date 03	26 Y Y Y Y Y Y	
Signature		
-		

Image# 29991793539 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITU	JRES	PAGE 75/8 FOR LINE 24	31 4 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION	
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POI AL ACTION FUND	C C00348540		
Check if24-hour notice48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee		Date	
UNION TRAVEL MASTERCARD		M M / D D / Y Y 10 / 24	Ň Š
Mailing Address		Amount	
P.O. BOX 88000		524.8	0
City Sta	ate Zip Code	Transaction ID: SE.6427	
BALTIMORE M	D 21288		State: VA
Purpose of Expenditure TRAVEL EXPENSES	Category/ Type	X Senate D X Presidential	District:
Name of Federal Candidate supported or Opposed by exp		Check One: X Support	Oppose
BARACK OBAMA		Disbursement For: Primary	X General
		Other (specify) :	
Calendar Year-To-Date Per Election	17041.64	²⁰⁰⁸ [MEMO ITEM]	
for Office Sought		[=]	
Full Name (Last, First, Middle, Initial) of Payee		Date	
UNION TRAVEL MASTERCARD		M M / D D / Y Y 1 0 24 20	Ý 8 ^Ý
Mailing Address		Amount	
P.O. BOX 88000		1115.0	0
	ta Zia Oada	Transaction ID: SE.6428	
City Sta BALTIMORE M	ate Zip Code D 21288	Office Sought: House	State: VA
Purpose of Expenditure			District:
CATERING EXPENSES	Category/ Type	X Presidential	
Name of Federal Candidate supported or Opposed by exp	penditure:	Check One: X Support	Oppose
BARACK OBAMA		Disbursement For: Primary	X General
			General
Calendar Year-To-Date Per Election	18156.64	Other (specify) : 2008	
for Office Sought		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures			0.00
(b) SUBTOTAL of Unitemized Independent Expenditures		. L <u> </u>	<u> </u>
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
	ММ	D D Y Y Y Y	
KEVIN FINNEGAN	Date 03	26 2009	
Signature			

Image# 29991793540 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITU	IRES		PAGE 76 / 81 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC	
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND			C00348540
Check if 24-hour notice 48-hour notice		C	
Full Name (Last, First, Middle, Initial) of Payee		Date	
UNION TRAVEL MASTERCARD		M M / D	2 ^D / ^Y 2008 ^Y
Mailing Address		Amount	
P.O. BOX 88000			419.84
City Sta	ate Zip Code	Transaction ID:	
BALTIMORE M	D 21288	Office Sought:	House State: <u>NH</u>
Purpose of Expenditure TRAVEL EXPENSES	Category/ Type)	Senate District: K Presidential
Name of Federal Candidate supported or Opposed by exp		Check One:	X Support Oppose
BARACK OBAMA		Disbursement For	r: Primary X General
			pecify) :
Calendar Year-To-Date Per Election	100284.38	2008	
for Office Sought			
Full Name (Last, First, Middle, Initial) of Payee		Date	
UNION TRAVEL MASTERCARD		м м / D	2 ^D / ^Y 2 0 0 8 ^Y
Mailing Address		Amount	
P.O. BOX 88000			516.24
	ta Zia Orda	Transaction ID	: SE.6431
City Sta BALTIMORE M		Office Sought:	House State: NH
Purpose of Expenditure			Senate District:
CATERING EXPENSE	Category/ Type	>	X Presidential
Name of Federal Candidate supported or Opposed by exp	enditure:	Check One:	X Support Oppose
BARACK OBAMA		Disbursement For	r: Primary X General
			pecify) :
Calendar Year-To-Date Per Election	100800.62	2008	• • • · · · · · · · · · · · · · · · · ·
for Office Sought		Li Li	MEMO ITEM]
(a) SUBTOTAL of Itemized Independent Expenditures			0.00
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
	MM	D D Y Y	(Y Y
KEVIN FINNEGAN	Date 03	26 200	
Signature			

Image# 29991793541 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 77 / 81 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER	
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	C C00348540	
Check if 24-hour notice 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee	Date	
UNION TRAVEL MASTERCARD	M M / D D / Y Y Y Y 10 / 24 / 2008	
Mailing Address	Amount	
P.O. BOX 88000	477.00	
City State Zip Code	Transaction ID: SE.6562	
	Office Sought: House State: PA	
Purpose of Expenditure Category/	X Presidential	
CATERING EXPENSE	A Prosidential	
Name of Federal Candidate supported of Opposed by expenditure.	Check One: X Support Oppose	
BARACK OBAMA	Disbursement For: Primary X General	
Calendar Year-To-Date Per Election	Other (specify) :	
for Office Sought	²⁰⁰⁸ [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee	Date	
UNION TRAVEL MASTERCARD	M M / D D / Y Y Y Y 1.0 / 31 / 2008	
Mailing Address	Amount	
P.O. BOX 88000	539.45	
City State Zip Code	Transaction ID: SE.6437	
BALTIMORE MD 21288	Office Sought: House State: <u>NH</u>	
Purpose of Expenditure	X Presidential	
TRANSPORTATION COSTS	X Presidential	
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose	
BARACK OBAMA	Disbursement For: Primary X General	
	Disbursement For: Primary X General Other (specify) :	
Calendar Year-To-Date Per Election 103173.04	2008 [MEMO ITEM]	
for Office Sought		
	0.00	
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
KEVIN FINNEGAN Date 03	26 2009	
Signature Date 03		

Image# 29991793542 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPENDIT	PAGE 78 / 81 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER	
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		C C00348540
Check if 24-hour notice 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee		Date
UNION TRAVEL MASTERCARD		M M / D D / Y Y Y Y 10 / 31 / 2008
Mailing Address P.O. BOX 88000		Amount
P.O. BOX 88000		2552.60
City	State Zip Code	Transaction ID: SE.6438
5	MD 21288	Office Sought: House State: PA
Purpose of Expenditure	Category/	Senate District:
CATERING EXPENSE	Type	X Presidential
Name of Federal Candidate supported or Opposed by e	xpenditure:	Check One: X Support Oppose
BARACK OBAMA		Disbursement For: Primary X General
		Other (specify) :
Calendar Year-To-Date Per Election	898272.23	2008 [MEMO ITEM]
for Office Sought		[=]
Full Name (Last, First, Middle, Initial) of Payee		Date
UNION TRAVEL MASTERCARD		M M / D D / Y Y Y Y 111 04 2008
Mailing Address		Amount
P.O. BOX 88000		3224.16
		Transaction ID: SE.6561
5	State Zip Code MD 21288	Office Sought: House State: PA
Purpose of Expenditure		Senate District:
	Category/ Type	X Presidential
		Check One: X Support Oppose
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check Che. X Copport Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election		Other (specify) :
for Office Sought	934206.09	2008 [MEMO ITEM]
n		
(a) SUBTOTAL of Itemized Independent Expenditures		0.00
()		
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Inder penalty of periury I certify that the independent expenditu	res reported herein were not made in	cooperation consultation or concert with
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
KEVIN FINNEGAN	Date 03	26 2009
Signature		

Image# 29991793543 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZEN ININEDENINENIT EV		
ITEMIZED INDEPENDENT EX	PAGE 79/81	
		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		C C00348540
Check if 24-hour notice 48-	hour notice	
Full Name (Last, First, Middle, Initial) of Pay	yee	Date
WASHINGTON STREET CAFE		M M / D D / Y Y Y Y 10 / 24 / 2008
Mailing Address		Amount
88 WASHINGTON STREET		516.24
		Transaction ID: SE.6557
City	State Zip Code	Office Sought: House State: NH
CONCORD	NH 03301	Senate District:
Purpose of Expenditure CATERING EXPENSE	Category/ Type	X Presidential
Name of Federal Candidate supported or C	pposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	, , , , , , , , , , , , , , , , , , ,	Disbursement For: Primary X General
Calendar Year-To-Date Per Election		Other (specify) :
for Office Sought	101365.47	2008

(a) SUBTOTAL of Itemized Independent Expenditures		516.24
(b) SUBTOTAL of Uniternized Independent Expenditures		
(c) TOTAL Independent Expenditures		610891.26
Under penalty of perjury I certify that the independent expenditures reported here or at the request or suggestion of, any candidate or authorized committee or ager committee) any political party committee or its agent.	• • •	-
KEVIN FINNEGAN Signature	Date 0 3 2 6 2 0 0 9	Υ

Form/Schedule:**F3XA** Transaction ID: March 23, 2009 Mr. Christopher J. Morse Pursuant to your letter dated March 4, 2009, please be advised as follows: All expenditures made during the period for 'catering expenses', originally reported on Schedule B for Line 29 of the detailed summary page, are now disclosed on Schedule E, supporting Line 24. The expenditure for 'phone banking' was for voter drive activity in support of a nonfederal candidate. Accordingly, we believe that it was correctly reported on Schedule B, supporting Line 29, other disbursements. We have further clarified the expenditure in the amended report.

Form/Schedule:**SE** Transaction ID: **SE.6715** Page 60 & 61 of 81. This is an additional charge in the amount of \$54.19 of Good & Plenty To Go for independent expenditure dated 10/10/2008.

Form/Schedule:**SE** Transaction ID: **SE.6720** Page 68 of 81. This is an additional charge in the amount of \$257.08 of Jennifer Tuttle for independent expenditure dated 10/10/2008.