

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

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

ADDRESS (number and street)

330 WEST 42ND STREET, 7TH FLOOR

☐Check if different  
than previously  
reported. (ACC)

NEW YORK

NY

10036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00348540

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

16

2008

through

11

24

2008

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

Type or Print Name of Treasurer

KEVIN FINNEGAN

Signature of Treasurer

Electronically Filed by KEVIN FINNEGAN

Date

03

26

2009

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	6	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		347775.25
(b) Cash on Hand at Beginning 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 <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	6	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

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

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(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
22. Transfers to Affiliated/Other Party Committees.....	0.00	3375322.53
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	610891.26	1622834.85
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	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
29. Other Disbursements.....	48689.98	260544.15
30. 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	659581.24	5264711.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	659581.24	5264711.49

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	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

# **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 ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)

MAUREEN ESTWICK

Mailing Address 1681 E 53RD STREET

City

BROOKLYN

State

NY

Zip Code

11234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAIMONIDES MEDICAL CENTER

Occupation

PATIENT CARE TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.6553

Amount of Each Receipt this Period

60.00

PAYROLL DEDUCTION \$60 PER  
MONTH

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

60.00

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

60.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

<b>A.</b> Full Name (Last, First, Middle Initial) 1199 CREDIT UNION	<b>Transaction ID:</b> SB29.6462 <b>Date of Disbursement</b>																				
Mailing Address 330 WEST 42ND STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	8												
City NEW YORK State NY Zip Code 10036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement REFUND OF EMPLOYER REMIT IN ERROR	<table border="1"> <tr> <td>286.57</td> </tr> </table>	286.57																			
286.57																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) SEIU COMMUNICATIONS CENTER INC.	<b>Transaction ID:</b> SB29.6467 <b>Date of Disbursement</b>																				
Mailing Address 330 WEST 42ND STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	1		2	0	0	8												
City NEW YORK State NY Zip Code 10036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PHONE VOTER DRIVE ACTIVITY-NONFEDERAL	<table border="1"> <tr> <td>17873.60</td> </tr> </table>	17873.60																			
17873.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SEIU HEALTH AND WELFARE FUND	<b>Transaction ID:</b> SB29.6468 <b>Date of Disbursement</b>																				
Mailing Address P.O. BOX 66396	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	1		2	0	0	8												
City WASHINGTON State DC Zip Code 20035	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement REIMBURSEMENT FOR MEDICAL COVERAGE	<table border="1"> <tr> <td>14926.78</td> </tr> </table>	14926.78																			
14926.78																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

**33086.95**

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.**

Full Name (Last, First, Middle Initial)

THE DEMOCRATIC COUNTY EXECUTIVE COMM. OF PHILADELPHIA

Mailing Address 1421 WALNUT STREET

City  
PHILADELPHIA

State  
PA

Zip Code  
19102

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.6559

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)

UNIVERSAL HEALTH SERVICES, INC.

Mailing Address 367 SOUTH GULPH ROAD  
 PO BOX 61559

City  
KING OF PRUSSIA

State  
PA

Zip Code  
19406

Purpose of Disbursement  
REIMBURSEMENT MEDICAL COVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.6454

Date of Disbursement

/   /

Amount of Each Disbursement this Period

538.87

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

15538.87

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

48625.82



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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMB. STAFF SALARIES PER  
DIEM EXPENSES

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

13792.27

Transaction ID: SD10.5920

Amount Incurred This Period

0.00

Payment This Period

13792.27

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMB. STAFF SALARIES PER  
DIEM EXPENSES

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

55148.71

Transaction ID: SD10.5921

Amount Incurred This Period

0.00

Payment This Period

55148.71

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMB. STAFF SALARIES PER  
DIEM EXPENSES

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

3785.16

Transaction ID: SD10.5922

Amount Incurred This Period

0.00

Payment This Period

3785.16

Outstanding Balance at Close of This Period

0.00

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

0.00

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

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

PAGE 10 / 81

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

194991.37

Transaction ID: SD10.6219

Amount Incurred This Period

0.00

Payment This Period

194991.37

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

68385.03

Transaction ID: SD10.6220

Amount Incurred This Period

0.00

Payment This Period

68385.03

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

79571.73

Transaction ID: SD10.6221

Amount Incurred This Period

0.00

Payment This Period

79571.73

Outstanding Balance at Close of This Period

0.00

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

0.00

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

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

139666.28

Transaction ID: SD10.6222

Amount Incurred This Period

0.00

Payment This Period

120433.73

Outstanding Balance at Close of This Period

19232.55

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

166554.68

Transaction ID: SD10.6223

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

166554.68

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

315631.16

Transaction ID: SD10.6224

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

315631.16

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

501418.39

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

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

PAGE 12 / 81

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 1199 SEIU UNITED HEALTHCARE WORKERS EAST

 Nature of Debt (Purpose):  
 REIMBURSE STAFF SALARIES  
 AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City	State	ZIP Code
NEW YORK	NY	10036

Outstanding Balance Beginning This Period

145572.51

Transaction ID: SD10.6225

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

145572.51

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 1199 SEIU UNITED HEALTHCARE WORKERS EAST

 Nature of Debt (Purpose):  
 REIMBURSE STAFF SALARIES  
 AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City	State	ZIP Code
NEW YORK	NY	10036

Outstanding Balance Beginning This Period

65696.53

Transaction ID: SD10.6226

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

65696.53

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 1199 SEIU UNITED HEALTHCARE WORKERS EAST

 Nature of Debt (Purpose):  
 REIMBURSE STAFF SALARIES  
 AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City	State	ZIP Code
NEW YORK	NY	10036

Outstanding Balance Beginning This Period

21859.06

Transaction ID: SD10.6227

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

21859.06

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

233128.10

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

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

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☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

24981.78

Transaction ID: SD10.6228

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

24981.78

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

185510.45

Transaction ID: SD10.6230

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

185510.45

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

266610.52

Transaction ID: SD10.6231

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

266610.52

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

477102.75

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

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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

134980.86

Transaction ID: SD10.6232

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

134980.86

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

265349.28

Transaction ID: SD10.6233

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

265349.28

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

231495.60

Transaction ID: SD10.6234

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

231495.60

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

631825.74

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

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

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☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

30184.00

Transaction ID: SD10.6235

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

30184.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

40245.33

Transaction ID: SD10.6236

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

40245.33

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

49719.04

Transaction ID: SD10.6237

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

49719.04

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

120148.37

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

8493.33

Transaction ID: SD10.6238

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8493.33

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

9557.09

Transaction ID: SD10.6240

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9557.09

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

65588.32

Transaction ID: SD10.6241

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

65588.32

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

83638.74

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



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

14545.49

Transaction ID: SD10.6242

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14545.49

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

3157.42

Transaction ID: SD10.6243

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3157.42

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

56833.56

Transaction ID: SD10.6244

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

56833.56

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

74536.47

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

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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

82522.06

Transaction ID: SD10.6245

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

82522.06

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

78033.76

Transaction ID: SD10.6246

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

78033.76

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

2812.96

Transaction ID: SD10.6247

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2812.96

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

163368.78

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

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

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☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

5095.64

Transaction ID: SD10.6248

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5095.64

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

12962.04

Transaction ID: SD10.6249

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12962.04

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

10997.70

Transaction ID: SD10.6284

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10997.70

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

29055.38

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

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

7231.75

Transaction ID: SD10.6285

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7231.75

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

3434.67

Transaction ID: SD10.6286

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3434.67

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

16789.92

Transaction ID: SD10.6287

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16789.92

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

27456.34

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

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

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☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):  
REIMBURSE STAFF SALARIES  
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code  
NEW YORK NY 10036

Outstanding Balance Beginning This Period

9286.03

Transaction ID: SD10.6288

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9286.03

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AMERICAN EXPRESSNature of Debt (Purpose):  
CATERING

Mailing Address P.O. BOX 2855

City State ZIP Code  
NEW YORK NY 10116-2855

Outstanding Balance Beginning This Period

240.00

Transaction ID: SD10.6289

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

240.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ASTORIA GRAPHICS INC.Nature of Debt (Purpose):  
DESIGN ENDORSEMENT BANNERS

Mailing Address 225 VARICK STREET

City State ZIP Code  
NEW YORK NY 10014

Outstanding Balance Beginning This Period

650.25

Transaction ID: SD10.6229

Amount Incurred This Period

0.00

Payment This Period

650.25

Outstanding Balance at Close of This Period

0.00

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

9526.03

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

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

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☒ 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  
ASTORIA GRAPHICS INC.Nature of Debt (Purpose):  
PRINTING BANNERS

Mailing Address 225 VARICK STREET

City State ZIP Code  
NEW YORK NY 10014

Outstanding Balance Beginning This Period

1034.98

Transaction ID: SD10.6290

Amount Incurred This Period

0.00

Payment This Period

1034.98

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AVIS RENT A CAR SYSTEM, INC.Nature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address 7876 COLLECTIONS CTR DRIVE

City State ZIP Code  
CHICAGO IL 60693

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6540

Amount Incurred This Period

1156.12

Payment This Period

0.00

Outstanding Balance at Close of This Period

1156.12

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
JENNY BAUERNature of Debt (Purpose):  
REIMBURSEMENT FOR CATERING  
EXPENSES

Mailing Address 2 WILCOTT PARK

City State ZIP Code  
MEDFORD MA 02155

Outstanding Balance Beginning This Period

56.00

Transaction ID: SD10.6291

Amount Incurred This Period

0.00

Payment This Period

56.00

Outstanding Balance at Close of This Period

0.00

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

1156.12

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

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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
JENNY BAUERNature of Debt (Purpose):  
REIMBURSEMENT FOR CATERING  
EXPENSES

Mailing Address 2 WILCOTT PARK

City State ZIP Code  
MEDFORD MA 02155

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6506

Amount Incurred This Period

56.00

Payment This Period

45.78

Outstanding Balance at Close of This Period

10.22

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
JENNY BAUERNature of Debt (Purpose):  
REIMBURSEMENT FOR CATERING  
EXPENSE

Mailing Address 2 WILCOTT PARK

City State ZIP Code  
MEDFORD MA 02155

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6523

Amount Incurred This Period

56.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

56.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
JENNY BAUERNature of Debt (Purpose):  
REIMBURSEMENT FOR CATERING  
EXPENSES

Mailing Address 2 WILCOTT PARK

City State ZIP Code  
MEDFORD MA 02155

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6541

Amount Incurred This Period

112.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

112.00

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

178.22

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BENCOM LLCNature of Debt (Purpose):  
DESIGN ENDORSEMENT BANNERS

Mailing Address 928 BROADWAY, SUITE 903

City State ZIP Code  
NEW YORK NY 10010

Outstanding Balance Beginning This Period

1000.00

Transaction ID: SD10.6292

Amount Incurred This Period

0.00

Payment This Period

1000.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BENDELL'S EATERY OF NEW YORKNature of Debt (Purpose):  
CATERING EXPENSES

Mailing Address 1075 OLD COUNTRY ROAD

City State ZIP Code  
WESTBURY NY 11590

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6507

Amount Incurred This Period

745.38

Payment This Period

0.00

Outstanding Balance at Close of This Period

745.38

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BENDELL'S EATERY OF NEW YORKNature of Debt (Purpose):  
CATERING EXPENS

Mailing Address 1075 OLD COUNTRY ROAD

City State ZIP Code  
WESTBURY NY 11590

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6524

Amount Incurred This Period

745.38

Payment This Period

0.00

Outstanding Balance at Close of This Period

745.38

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

1490.76

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



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

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☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BENDELL'S EATERY OF NEW YORKNature of Debt (Purpose):  
CATERING EXPENSES

Mailing Address 1075 OLD COUNTRY ROAD

City State ZIP Code  
WESTBURY NY 11590

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6542

Amount Incurred This Period

372.69

Payment This Period

0.00

Outstanding Balance at Close of This Period

372.69

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BLACK TIE CATERINGNature of Debt (Purpose):  
CATERING

Mailing Address 2200 N. MONROE STREET

City State ZIP Code  
BALTIMORE MD 21217

Outstanding Balance Beginning This Period

393.75

Transaction ID: SD10.6293

Amount Incurred This Period

0.00

Payment This Period

393.75

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BLACK TIE CATERINGNature of Debt (Purpose):  
CATERING EXPENSES

Mailing Address 2200 N. MONROE STREET

City State ZIP Code  
BALTIMORE MD 21217

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6589

Amount Incurred This Period

1239.97

Payment This Period

0.00

Outstanding Balance at Close of This Period

1239.97

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

1612.66

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

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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BLACK TIE CATERINGNature of Debt (Purpose):  
CATERING EXPENSES

Mailing Address 2200 N. MONROE STREET

City State ZIP Code  
BALTIMORE MD 21217

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6525

Amount Incurred This Period

393.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

393.75

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
LILLIAN CARINONature of Debt (Purpose):  
REIMBURSEMENT FOR TRAVEL  
EXPENSESMailing Address 327 SAINT NICHOLAS AVENUE  
APT. 2NCity State ZIP Code  
NEW YORK NY 10027-3609

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6508

Amount Incurred This Period

45.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ENTERPRISE RENT-A-CARNature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address P.O. BOX 840173

City State ZIP Code  
KANSAS CITY MO 64184-0173

Outstanding Balance Beginning This Period

1441.32

Transaction ID: SD10.6294

Amount Incurred This Period

0.00

Payment This Period

1411.20

Outstanding Balance at Close of This Period

30.12

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

468.87

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ENTERPRISE RENT-A-CARNature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address P.O. BOX 840173

City	State	ZIP Code
KANSAS CITY	MO	64184-0173

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6509

Amount Incurred This Period

569.52

Payment This Period

0.00

Outstanding Balance at Close of This Period

569.52

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ENTERPRISE RENT-A-CARNature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address P.O. BOX 840173

City	State	ZIP Code
KANSAS CITY	MO	64184-0173

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6510

Amount Incurred This Period

1157.12

Payment This Period

0.00

Outstanding Balance at Close of This Period

1157.12

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ENTERPRISE RENT-A-CARNature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address P.O. BOX 840173

City	State	ZIP Code
KANSAS CITY	MO	64184-0173

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6511

Amount Incurred This Period

1814.40

Payment This Period

0.00

Outstanding Balance at Close of This Period

1814.40

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

3541.04

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ENTERPRISE RENT-A-CARNature of Debt (Purpose):  
TRANSPORTATION COSTS

Mailing Address P.O. BOX 840173

City	State	ZIP Code
KANSAS CITY	MO	64184-0173

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6527

Amount Incurred This Period

711.90

Payment This Period

0.00

Outstanding Balance at Close of This Period

711.90

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ENTERPRISE RENT-A-CARNature of Debt (Purpose):  
TRANSPORTATION COSTS

Mailing Address P.O. BOX 840173

City	State	ZIP Code
KANSAS CITY	MO	64184-0173

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6528

Amount Incurred This Period

503.32

Payment This Period

0.00

Outstanding Balance at Close of This Period

503.32

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ENTERPRISE RENT-A-CARNature of Debt (Purpose):  
TRANSPORTATION COSTS

Mailing Address P.O. BOX 840173

City	State	ZIP Code
KANSAS CITY	MO	64184-0173

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6529

Amount Incurred This Period

4032.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4032.00

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

5247.22

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 GOOD & PLENTY TO GO

 Nature of Debt (Purpose):  
 CATERING

Mailing Address 410 WEST 43RD STREET

City	State	ZIP Code
NEW YORK	NY	10036

Outstanding Balance Beginning This Period

2145.83

Transaction ID: SD10.6295

Amount Incurred This Period

0.00

Payment This Period

2145.83

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 GOOD & PLENTY TO GO

 Nature of Debt (Purpose):  
 CATERING EXPENSES

Mailing Address 410 WEST 43RD STREET

City	State	ZIP Code
NEW YORK	NY	10036

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6512

Amount Incurred This Period

1842.38

Payment This Period

0.00

Outstanding Balance at Close of This Period

1842.38

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 HORIZON BUS INC.

 Nature of Debt (Purpose):  
 TRANSPORTATION COSTS

Mailing Address P.O. BOX 64

City	State	ZIP Code
BELLPORT	NY	11713-0064

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6513

Amount Incurred This Period

3000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

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

4842.38

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

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

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☒ 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  
HORIZON BUS INC.Nature of Debt (Purpose):  
TRANSPORTATION COSTS

Mailing Address P.O. BOX 64

City State ZIP Code  
BELLPORT NY 11713-0064

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6530

Amount Incurred This Period

3000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
HORIZON BUS INC.Nature of Debt (Purpose):  
TRANSPORTATION COSTS

Mailing Address P.O. BOX 64

City State ZIP Code  
BELLPORT NY 11713-0064

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6543

Amount Incurred This Period

1500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ANTONELLA PECHTELNature of Debt (Purpose):  
REIMBURSEMENT CATERING EX-  
PENSE

Mailing Address 401 ROSE AVE

City State ZIP Code  
SCHENECTADY NY 12308

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6531

Amount Incurred This Period

201.39

Payment This Period

0.00

Outstanding Balance at Close of This Period

201.39

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

4701.39

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

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

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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  
PREMIER COACH OF NYCNature of Debt (Purpose):  
TRAVEL EXPENSE

Mailing Address 1150 LONGWOOD AVE

City State ZIP Code  
BRONX NY 10474

Outstanding Balance Beginning This Period

19134.90

Transaction ID: SD10.6296

Amount Incurred This Period

0.00

Payment This Period

19134.90

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
PREMIER COACH OF NYCNature of Debt (Purpose):  
TRANSPORTATION COSTS

Mailing Address 1150 LONGWOOD AVE

City State ZIP Code  
BRONX NY 10474

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6544

Amount Incurred This Period

22324.05

Payment This Period

818.55

Outstanding Balance at Close of This Period

21505.50

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
PREMIER COACH OF NYCNature of Debt (Purpose):  
TRANSPORTATION COSTS

Mailing Address 1150 LONGWOOD AVE

City State ZIP Code  
BRONX NY 10474

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6547

Amount Incurred This Period

31891.15

Payment This Period

0.00

Outstanding Balance at Close of This Period

31891.15

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

53396.65

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):  
 TRAVEL EXPENSE

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

1557.29

Transaction ID: SD10.6297

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1557.29

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):  
 TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

2277.98

Transaction ID: SD10.6298

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2277.98

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):  
 TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

524.82

Transaction ID: SD10.6300

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

524.82

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

4360.09

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



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):  
 CATERING EXPENSES

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

1674.86

Transaction ID: SD10.6301

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1674.86

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):  
 CATERING

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

6925.90

Transaction ID: SD10.6302

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6925.90

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):  
 TRANSPORTATION COSTS

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6515

Amount Incurred This Period

539.45

Payment This Period

0.00

Outstanding Balance at Close of This Period

539.45

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

9140.21

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):  
 TRANSPORTATION COSTS

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6516

Amount Incurred This Period

798.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

798.20

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):  
 CATERING EXPENSES

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6517

Amount Incurred This Period

3637.84

Payment This Period

0.00

Outstanding Balance at Close of This Period

3637.84

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):  
 CATERING EXPENSES

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6518

Amount Incurred This Period

1849.15

Payment This Period

0.00

Outstanding Balance at Close of This Period

1849.15

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

6285.19

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
BEVERAGE EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6519

Amount Incurred This Period

835.02

Payment This Period

0.00

Outstanding Balance at Close of This Period

835.02

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6520

Amount Incurred This Period

435.95

Payment This Period

0.00

Outstanding Balance at Close of This Period

435.95

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6521

Amount Incurred This Period

1056.95

Payment This Period

0.00

Outstanding Balance at Close of This Period

1056.95

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

2327.92

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6522

Amount Incurred This Period

2372.04

Payment This Period

0.00

Outstanding Balance at Close of This Period

2372.04

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6533

Amount Incurred This Period

367.37

Payment This Period

0.00

Outstanding Balance at Close of This Period

367.37

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6535

Amount Incurred This Period

262.40

Payment This Period

0.00

Outstanding Balance at Close of This Period

262.40

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

3001.81

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

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6536

Amount Incurred This Period

477.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

477.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6537

Amount Incurred This Period

524.80

Payment This Period

0.00

Outstanding Balance at Close of This Period

524.80

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6538

Amount Incurred This Period

1115.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1115.00

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

2116.80

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

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6539

Amount Incurred This Period

419.84

Payment This Period

0.00

Outstanding Balance at Close of This Period

419.84

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
TRANSPORTATION COSTS

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6545

Amount Incurred This Period

539.45

Payment This Period

0.00

Outstanding Balance at Close of This Period

539.45

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UNION TRAVEL MASTERCARDNature of Debt (Purpose):  
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code  
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6546

Amount Incurred This Period

2552.60

Payment This Period

0.00

Outstanding Balance at Close of This Period

2552.60

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

3511.89

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

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):  
 CATERING EXPENSES

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6548

Amount Incurred This Period

3224.16

Payment This Period

0.00

Outstanding Balance at Close of This Period

3224.16

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

3224.16

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

2461808.47

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

0.00

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

2461808.47

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee 1199 SEIU UNITED HEALTHCARE WORKERS EAST		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D D 0 5</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 330 WEST 42ND STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13792.27</div>	
City State Zip Code NEW YORK NY 10036		<b>Transaction ID:</b> SE.6499	
Purpose of Expenditure REIMB. STAFF SALARIES PER DIEM EXPENSES		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">246802.78</div>			
Full Name (Last, First, Middle, Initial) of Payee 1199 SEIU UNITED HEALTHCARE WORKERS EAST		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D D 0 5</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 330 WEST 42ND STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">55148.71</div>	
City State Zip Code NEW YORK NY 10036		<b>Transaction ID:</b> SE.6500	
Purpose of Expenditure REIMB. STAFF SALARIES PER DIEM EXPENSES		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">301951.49</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">68940.98</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	



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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee 1199 SEIU UNITED HEALTHCARE WORKERS EAST		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D D 0 5</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 330 WEST 42ND STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3785.16</div>	
City State Zip Code NEW YORK NY 10036		<b>Transaction ID:</b> SE.6501	
Purpose of Expenditure REIMB. STAFF SALARIES PER DIEM EXPENSES		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">305736.65</div>			

  

Full Name (Last, First, Middle, Initial) of Payee 1199 SEIU UNITED HEALTHCARE WORKERS EAST		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D D 0 5</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 330 WEST 42ND STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">194991.37</div>	
City State Zip Code NEW YORK NY 10036		<b>Transaction ID:</b> SE.6502	
Purpose of Expenditure REIMB. STAFF SALARIES PER DIEM EXPENSES		Office Sought: <input type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">590551.92</div>			

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">198776.53</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>(c) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

KEVIN FINNEGAN  
 \_\_\_\_\_  
 Signature

Date

M M  
0 3

D D  
2 6

Y Y Y Y  
2 0 0 9

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

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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 <b>C</b> C00348540	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee 1199 SEIU UNITED HEALTHCARE WORKERS EAST		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 8	
Mailing Address 330 WEST 42ND STREET		Amount 68385.03	
City State Zip Code NEW YORK NY 10036		Transaction ID: SE.6503	
Purpose of Expenditure REIMB. STAFF SALARIES PER DIEM EXPENSES		Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 151315.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee 1199 SEIU UNITED HEALTHCARE WORKERS EAST		Date M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 8	
Mailing Address 330 WEST 42ND STREET		Amount 79571.73	
City State Zip Code NEW YORK NY 10036		Transaction ID: SE.6504	
Purpose of Expenditure REIMB. STAFF SALARIES PER DIEM EXPENSES		Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 182846.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		147956.76	
(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 Signature		Date M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee 1199 SEIU UNITED HEALTHCARE WORKERS EAST		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 11</div> <div style="border: 1px solid black; padding: 2px;">D 05</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 330 WEST 42ND STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">120433.73</div>	
City State Zip Code NEW YORK NY 10036		<b>Transaction ID:</b> SE.6505	
Purpose of Expenditure REIMB. STAFF SALARIES PER DIEM EXPENSES		Office Sought: <input type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">329925.33</div>			
Full Name (Last, First, Middle, Initial) of Payee ASTORIA GRAPHICS INC.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 24</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 225 VARICK STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1034.98</div>	
City State Zip Code NEW YORK NY 10014		<b>Transaction ID:</b> SE.6566	
Purpose of Expenditure PRINTING BANNERS		Office Sought: <input type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">5220.21</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">121468.71</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 03</div> <div style="border: 1px solid black; padding: 2px;">D 26</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ASTORIA GRAPHICS INC.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D D 1 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 225 VARICK STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">650.25</div>	
City State Zip Code NEW YORK NY 10014		<b>Transaction ID:</b> SE.6568	
Purpose of Expenditure PRINTING BANNERS		Office Sought: <input type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">6870.46</div>			
Full Name (Last, First, Middle, Initial) of Payee AVIS RENT A CAR SYSTEM, INC.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 7876 COLLECTIONS CTR DRIVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1156.12</div>	
City State Zip Code CHICAGO IL 60693		<b>Transaction ID:</b> SE.6432	
Purpose of Expenditure TRAVEL EXPENSES		Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">102521.59</div>		<b>[MEMO ITEM]</b>	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">650.25</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee JENNY BAUER		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 2 WILCOTT PARK		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">56.00</div>	
City State Zip Code MEDFORD MA 02155		<b>Transaction ID:</b> SE.6305	
Purpose of Expenditure REIMBURSEMENT FOR CA- TERING EXPENSES		Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Full Name (Last, First, Middle, Initial) of Payee JENNY BAUER		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 2 WILCOTT PARK		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">56.00</div>	
City State Zip Code MEDFORD MA 02155		<b>Transaction ID:</b> SE.6411	
Purpose of Expenditure REIMBURSEMENT FOR CA- TERING EXPENSE		Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....			
<b>(c) TOTAL</b> 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 Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND			<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>		
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee JENNY BAUER			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>		
Mailing Address 2 WILCOTT PARK			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">112.00</div>		
City State Zip Code MEDFORD MA 02155			<b>Transaction ID:</b> SE.6433		
Purpose of Expenditure REIMBURSEMENT FOR CA- TERING EXPENSE			Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>		
<div style="border: 1px solid black; padding: 2px; text-align: right;">102633.59</div>					
Full Name (Last, First, Middle, Initial) of Payee JENNY BAUER			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D D 0 3</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>		
Mailing Address 2 WILCOTT PARK			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">56.00</div>		
City State Zip Code MEDFORD MA 02155			<b>Transaction ID:</b> SE.6570		
Purpose of Expenditure REIMBURSEMENT FOR CA- TERING EXPENSES			Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008		
<div style="border: 1px solid black; padding: 2px; text-align: right;">103229.04</div>					
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;">56.00</div>		
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....			<div style="border: 1px solid black; height: 20px;"></div>		
<b>(c) TOTAL</b> Independent Expenditures .....			<div style="border: 1px solid black; height: 20px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
KEVIN FINNEGAN Signature			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>		

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee JENNY BAUER		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D D 0 3</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 2 WILCOTT PARK		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">45.78</div>	
City State Zip Code MEDFORD MA 02155		<b>Transaction ID:</b> SE.6587	
Purpose of Expenditure REIMBURSEMENT FOR CA- TERING EXPENSES		Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">103274.82</div>			
Full Name (Last, First, Middle, Initial) of Payee BENCOM LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 928 BROADWAY, SUITE 903		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>	
City State Zip Code NEW YORK NY 10010		<b>Transaction ID:</b> SE.6572	
Purpose of Expenditure DESIGN ENDORSEMENT BANNERS		Office Sought: <input type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">6220.21</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1045.78</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee BENDELL'S EATERY OF NEW YORK		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1075 OLD COUNTRY ROAD		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">745.38</div>	
City State Zip Code WESTBURY NY 11590		<b>Transaction ID:</b> SE.6306	
Purpose of Expenditure CATERING EXPENSES		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Full Name (Last, First, Middle, Initial) of Payee BENDELL'S EATERY OF NEW YORK		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1075 OLD COUNTRY ROAD		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">745.38</div>	
City State Zip Code WESTBURY NY 11590		<b>Transaction ID:</b> SE.6412	
Purpose of Expenditure CATERING EXPENSE		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....			
<b>(c) TOTAL</b> 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 Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	



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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee BENDELL'S EATERY OF NEW YORK		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1075 OLD COUNTRY ROAD		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">372.69</div>	
City State Zip Code WESTBURY NY 11590		<b>Transaction ID:</b> SE.6434	
Purpose of Expenditure CATERING EXPENSES		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<div style="border: 1px solid black; padding: 2px; text-align: right;">871895.58</div>			
Full Name (Last, First, Middle, Initial) of Payee BLACK TIE CATERING		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 2200 N. MONROE STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1239.97</div>	
City State Zip Code BALTIMORE MD 21217		<b>Transaction ID:</b> SE.6308	
Purpose of Expenditure CATERING EXPENSES		Office Sought: <input type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<div style="border: 1px solid black; padding: 2px; text-align: right;">5353.02</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee BLACK TIE CATERING		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 2200 N. MONROE STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1888.43</div>	
City State Zip Code BALTIMORE MD 21217		<b>Transaction ID:</b> SE.6413	
Purpose of Expenditure CATERING EXPENSES		Office Sought: <input type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<div style="border: 1px solid black; padding: 2px; text-align: right;">12484.84</div>			
Full Name (Last, First, Middle, Initial) of Payee BLACK TIE CATERING		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 2200 N. MONROE STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1494.68</div>	
City State Zip Code BALTIMORE MD 21217		<b>Transaction ID:</b> SE.6494	
Purpose of Expenditure CATERING EXPENSES		Office Sought: <input type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; text-align: right;">19651.32</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">1494.68</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee BLACK TIE CATERING		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 2200 N. MONROE STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">393.75</div>	
City State Zip Code BALTIMORE MD 21217		<b>Transaction ID:</b> SE.6574	
Purpose of Expenditure CATERING		Office Sought: <input type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">20045.07</div>			
Full Name (Last, First, Middle, Initial) of Payee BOSTON MARKET - STORE 1095		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 31 SNYDER AVENUE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1442.89</div>	
City State Zip Code PHILADELPHIA PA 19148		<b>Transaction ID:</b> SE.6414	
Purpose of Expenditure CATERING EXPENSE		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">840034.28</div>		<b>[MEMO ITEM]</b>	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">393.75</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee BOSTON MARKET - STORE 1095		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 31 SNYDER AVENUE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1442.89</div>	
City State Zip Code PHILADELPHIA PA 19148		<b>Transaction ID:</b> SE.6446	
Purpose of Expenditure CATERING EXPENSE		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">846589.49</div>			
Full Name (Last, First, Middle, Initial) of Payee BOSTON MARKET - STORE 381		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 7240 TORRESDALE AVENUE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">961.93</div>	
City State Zip Code PHILADELPHIA PA 19148		<b>Transaction ID:</b> SE.6402	
Purpose of Expenditure CATERING EXPENSE		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">837846.01</div>		<b>[MEMO ITEM]</b>	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1442.89</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(c) <b>TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

  

KEVIN FINNEGAN  
 \_\_\_\_\_  
 Signature

Date

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee BOSTON MARKET - STORE 381		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 7240 TORRESDALE AVENUE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">961.93</div>	
City State Zip Code PHILADELPHIA PA 19148		<b>Transaction ID:</b> SE.6448	
Purpose of Expenditure CATERING EXPENSE		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">848898.12</div>			
Full Name (Last, First, Middle, Initial) of Payee BOSTON MARKET - STORE 392		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 5200 BALTIMORE PIKE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1346.70</div>	
City State Zip Code CLIFTON HEIGHTS PA 19018		<b>Transaction ID:</b> SE.6415	
Purpose of Expenditure CATERING EXPENSES		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">841380.98</div>		<b>[MEMO ITEM]</b>	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">961.93</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee BOSTON MARKET - STORE 392		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 5200 BALTIMORE PIKE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1346.70</div>	
City State Zip Code CLIFTON HEIGHTS PA 19018		<b>Transaction ID:</b> SE.6447	
Purpose of Expenditure CATERING EXPENSES		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">847936.19</div>			
Full Name (Last, First, Middle, Initial) of Payee LILLIAN CARINO		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 327 SAINT NICHOLAS AVENUE APT. 2N		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">45.00</div>	
City State Zip Code NEW YORK NY 10027-3609		<b>Transaction ID:</b> SE.6311	
Purpose of Expenditure REIMBURSEMENT FOR TR- AVEL EXPENSES		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">744181.56</div>		<b>[MEMO ITEM]</b>	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1346.70</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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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 <b>C</b> C00348540	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee AL DAVIDOFF		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 407 UTICA AVENUE		Amount 244.50	
City State Zip Code ITHACA NY 14850		Transaction ID: SE.6312	
Purpose of Expenditure REIMBURSEMENT FOR CA- TERING EXPENSES		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 744426.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Full Name (Last, First, Middle, Initial) of Payee AL DAVIDOFF		Date M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 8	
Mailing Address 407 UTICA AVENUE		Amount 244.50	
City State Zip Code ITHACA NY 14850		Transaction ID: SE.6449	
Purpose of Expenditure CATERING EXPENSE		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 849142.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		244.50	
(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 Signature		Date M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9	

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

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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 <b>C</b> C00348540	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ENTERPRISE RENT-A-CAR		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address P.O. BOX 840173		Amount 569.52	
City State Zip Code KANSAS CITY MO 64184-0173		Transaction ID: SE.6315	
Purpose of Expenditure TRAVEL EXPENSES		Office Sought: <input type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 94103.68		2008 [MEMO ITEM]	
Full Name (Last, First, Middle, Initial) of Payee ENTERPRISE RENT-A-CAR		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address P.O. BOX 840173		Amount 1157.12	
City State Zip Code KANSAS CITY MO 64184-0173		Transaction ID: SE.6316	
Purpose of Expenditure TRANSPORTATION COSTS		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election 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 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 Signature		Date M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9	



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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ENTERPRISE RENT-A-CAR		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 840173		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1814.40</div>	
City State Zip Code KANSAS CITY MO 64184-0173		<b>Transaction ID:</b> SE.6317	
Purpose of Expenditure TRANSPORTATION COSTS		Office Sought: <input type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<div style="border: 1px solid black; padding: 2px; text-align: right;">7167.42</div>			
Full Name (Last, First, Middle, Initial) of Payee ENTERPRISE RENT-A-CAR		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 840173		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">711.90</div>	
City State Zip Code KANSAS CITY MO 64184-0173		<b>Transaction ID:</b> SE.6416	
Purpose of Expenditure TRANSPORTATION COSTS		Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<div style="border: 1px solid black; padding: 2px; text-align: right;">99247.17</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ENTERPRISE RENT-A-CAR		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 840173		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">503.22</div>	
City State Zip Code KANSAS CITY MO 64184-0173		<b>Transaction ID:</b> SE.6417	
Purpose of Expenditure TRANSPORTATION EXPEN- SE		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">841884.20</div>			
Full Name (Last, First, Middle, Initial) of Payee ENTERPRISE RENT-A-CAR		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 840173		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4032.00</div>	
City State Zip Code KANSAS CITY MO 64184-0173		<b>Transaction ID:</b> SE.6418	
Purpose of Expenditure TRANSPORTATION COSTS		Office Sought: <input type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">16516.84</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ENTERPRISE RENT-A-CAR		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 11</div> <div style="border: 1px solid black; padding: 2px;">D 03</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address P.O. BOX 840173		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1411.20</div>	
City State Zip Code KANSAS CITY MO 64184-0173		<b>Transaction ID:</b> SE.6576	
Purpose of Expenditure TRAVEL EXPENSES		Office Sought: <input type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; text-align: right;">21456.27</div>			
Full Name (Last, First, Middle, Initial) of Payee GOOD & PLENTY TO GO		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 410 WEST 43RD STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1842.38</div>	
City State Zip Code NEW YORK NY 10036		<b>Transaction ID:</b> SE.6318	
Purpose of Expenditure CATERING EXPENSES		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; text-align: right;">747425.56</div>		<b>[MEMO ITEM]</b>	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">1411.20</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 03</div> <div style="border: 1px solid black; padding: 2px;">D 26</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee GOOD & PLENTY TO GO		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 410 WEST 43RD STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2145.83</div>	
City State Zip Code NEW YORK NY 10036		<b>Transaction ID:</b> SE.6578	
Purpose of Expenditure CATERING		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">851765.45</div>			
Full Name (Last, First, Middle, Initial) of Payee GOOD & PLENTY TO GO		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 410 WEST 43RD STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">54.19</div>	
City State Zip Code NEW YORK NY 10036		<b>Transaction ID:</b> SE.6713	
Purpose of Expenditure CATERING EXPENSES		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">870954.54</div>		<b>[MEMO ITEM]</b>	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2145.83</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Full Name (Last, First, Middle, Initial) of Payee GOOD & PLENTY TO GO		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">54.19</div>	
Mailing Address 410 WEST 43RD STREET		<b>Transaction ID:</b> SE.6715	
City NEW YORK	State NY	Zip Code 10036	Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential
Purpose of Expenditure CATERING EXPENSES		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">871008.73</div>	

  

Full Name (Last, First, Middle, Initial) of Payee HORIZON BUS INC.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 64		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3000.00</div>	
City BELLPORT		State NY	Zip Code 11713-0064
Purpose of Expenditure TRANSPORTATION COSTS		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">750425.56</div>		2008 <div style="border: 1px solid black; padding: 2px; text-align: right;">[MEMO ITEM]</div>	

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;">54.19</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>
<b>(c) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; height: 20px;"></div>

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

KEVIN FINNEGAN  
 Signature

Date

M M  
0 3

D D  
2 6

Y Y Y Y  
2 0 0 9

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee HORIZON BUS INC.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 64		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3000.00</div>	
City State Zip Code BELLPORT NY 11713-0064		<b>Transaction ID:</b> SE.6420	
Purpose of Expenditure TRANSPORTATION EXPEN- SE		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Full Name (Last, First, Middle, Initial) of Payee HORIZON BUS INC.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 64		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div>	
City State Zip Code BELLPORT NY 11713-0064		<b>Transaction ID:</b> SE.6435	
Purpose of Expenditure TRANSPORTATION COSTS		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....			
<b>(c) TOTAL</b> 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 Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ANTONELLA PECHTEL		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 401 ROSE AVE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">56.00</div>	
City State Zip Code SCHENECTADY NY 12308		<b>Transaction ID:</b> SE.6321	
Purpose of Expenditure REIMBURSEMENT FOR CA- TERING		Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<div style="border: 1px solid black; padding: 2px; text-align: right;">94159.68</div>			
Full Name (Last, First, Middle, Initial) of Payee ANTONELLA PECHTEL		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 401 ROSE AVE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">56.00</div>	
City State Zip Code SCHENECTADY NY 12308		<b>Transaction ID:</b> SE.6492	
Purpose of Expenditure REIMBURSEMENT FOR CA- TERING		Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; text-align: right;">99191.17</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">56.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ANTONELLA PECHTEL		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 401 ROSE AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">250.00</div>	
City State Zip Code SCHENECTADY NY 12308		<b>Transaction ID:</b> SE.6421	
Purpose of Expenditure REIMBURSEMENT CATERI- NG EXPENSE		Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">99497.17</div>			
Full Name (Last, First, Middle, Initial) of Payee ANTONELLA PECHTEL		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 401 ROSE AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">48.61</div>	
City State Zip Code SCHENECTADY NY 12308		<b>Transaction ID:</b> SE.6497	
Purpose of Expenditure REIMBURSEMENT CATERI- NG EXPENSE		Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">100849.23</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">48.61</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	



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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee PREMIER COACH OF NYC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 1150 LONGWOOD AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25513.20</div>	
City State Zip Code BRONX NY 10474		<b>Transaction ID:</b> SE.6322	
Purpose of Expenditure TRANSPORTATION COSTS		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">775938.76</div>			
Full Name (Last, First, Middle, Initial) of Payee PREMIER COACH OF NYC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 1150 LONGWOOD AVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25513.20</div>	
City State Zip Code BRONX NY 10474		<b>Transaction ID:</b> SE.6582	
Purpose of Expenditure TRANSPORTATION COSTS		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">836884.08</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">25513.20</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 9</div> </div>	

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

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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 <b>C</b> C00348540	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee PREMIER COACH OF NYC		Date M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 8	
Mailing Address 1150 LONGWOOD AVE		Amount 19134.90	
City State Zip Code BRONX NY 10474		Transaction ID: SE.6580	
Purpose of Expenditure TRAVEL EXPENSES		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
870900.35			
Full Name (Last, First, Middle, Initial) of Payee PREMIER COACH OF NYC		Date M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8	
Mailing Address 1150 LONGWOOD AVE		Amount 22324.05	
City State Zip Code BRONX NY 10474		Transaction ID: SE.6436	
Purpose of Expenditure TRANSPORTATION COSTS		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
895719.63			
(a) SUBTOTAL of Itemized Independent Expenditures .....		19134.90	
(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 Signature		Date M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee PREMIER COACH OF NYC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1150 LONGWOOD AVE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">818.55</div>	
City State Zip Code BRONX NY 10474		<b>Transaction ID:</b> SE.6585	
Purpose of Expenditure TRANSPORTATION COSTS		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">899090.78</div>			
Full Name (Last, First, Middle, Initial) of Payee PREMIER COACH OF NYC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D D 0 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1150 LONGWOOD AVE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">31891.15</div>	
City State Zip Code BRONX NY 10474		<b>Transaction ID:</b> SE.6439	
Purpose of Expenditure TRANSPORTATION COSTS		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">930981.93</div>		<b>[MEMO ITEM]</b>	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">818.55</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(c) <b>TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

KEVIN FINNEGAN  
 \_\_\_\_\_  
 Signature

Date

M M  
0 3

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2 6

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2 0 0 9

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee JENNIFER TUTTLE		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 101 SATINWOOD DRIVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">257.08</div>	
City State Zip Code CAMILLUS NY 13031		<b>Transaction ID:</b> SE.6717	
Purpose of Expenditure REIMBURSEMENT FOR CA- TERING EXPENSES		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">871265.81</div>			
Full Name (Last, First, Middle, Initial) of Payee JENNIFER TUTTLE		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 101 SATINWOOD DRIVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">257.08</div>	
City State Zip Code CAMILLUS NY 13031		<b>Transaction ID:</b> SE.6720	
Purpose of Expenditure REIMBURSEMENT FOR CA- TERING EXPENSES		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">871522.89</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">257.08</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">539.45</div>	
City State Zip Code BALTIMORE MD 21288		<b>Transaction ID:</b> SE.6323	
Purpose of Expenditure TRANSPORTATION COSTS		Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">94699.13</div> <b>[MEMO ITEM]</b>	
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">798.20</div>	
City State Zip Code BALTIMORE MD 21288		<b>Transaction ID:</b> SE.6324	
Purpose of Expenditure TRANSPORTATION COSTS		Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">95497.33</div> <b>[MEMO ITEM]</b>	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3637.84</div>	
City State Zip Code BALTIMORE MD 21288		<b>Transaction ID:</b> SE.6325	
Purpose of Expenditure CATERING EXPENSES		Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1849.15</div>	
City State Zip Code BALTIMORE MD 21288		<b>Transaction ID:</b> SE.6326	
Purpose of Expenditure CATERING EXPENSES		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....			
<b>(c) TOTAL</b> 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 Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16156.00</div>	
City State Zip Code BALTIMORE MD 21288		<b>Transaction ID:</b> SE.6327	
Purpose of Expenditure CATERING EXPENSES		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">835.02</div>	
City State Zip Code BALTIMORE MD 21288		<b>Transaction ID:</b> SE.6328	
Purpose of Expenditure BEVERAGE EXPENSES		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....			
<b>(c) TOTAL</b> 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 Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">435.95</div>	
City State Zip Code BALTIMORE MD 21288		<b>Transaction ID:</b> SE.6329	
Purpose of Expenditure TRAVEL EXPENSES		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<div style="border: 1px solid black; padding: 2px; text-align: right;">795214.88</div>			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1056.95</div>	
City State Zip Code BALTIMORE MD 21288		<b>Transaction ID:</b> SE.6330	
Purpose of Expenditure TRAVEL EXPENSES		Office Sought: <input type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<div style="border: 1px solid black; padding: 2px; text-align: right;">8224.37</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	



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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2372.04</div>	
City State Zip Code BALTIMORE MD 21288		<b>Transaction ID:</b> SE.6331	
Purpose of Expenditure CATERING EXPENSES		Office Sought: <input type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<div style="border: 1px solid black; padding: 2px; text-align: right;">10596.41</div>			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16156.00</div>	
City State Zip Code BALTIMORE MD 21288		<b>Transaction ID:</b> SE.6480	
Purpose of Expenditure CATERING EXPENSES		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; text-align: right;">811370.88</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">16156.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">367.37</div>	
City State Zip Code BALTIMORE MD 21288		<b>Transaction ID:</b> SE.6422	
Purpose of Expenditure TRAVEL EXPENSES		Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">99864.54</div> <b>[MEMO ITEM]</b>	
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">262.40</div>	
City State Zip Code BALTIMORE MD 21288		<b>Transaction ID:</b> SE.6423	
Purpose of Expenditure TRAVEL EXPENSES		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">845146.60</div> <b>[MEMO ITEM]</b>	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">524.80</div>	
City State Zip Code BALTIMORE MD 21288		<b>Transaction ID:</b> SE.6427	
Purpose of Expenditure TRAVEL EXPENSES		Office Sought: <input type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<div style="border: 1px solid black; padding: 2px; text-align: right;">17041.64</div>			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1115.00</div>	
City State Zip Code BALTIMORE MD 21288		<b>Transaction ID:</b> SE.6428	
Purpose of Expenditure CATERING EXPENSES		Office Sought: <input type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<div style="border: 1px solid black; padding: 2px; text-align: right;">18156.64</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">419.84</div>	
City State Zip Code BALTIMORE MD 21288		<b>Transaction ID:</b> SE.6429	
Purpose of Expenditure TRAVEL EXPENSES		Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">100284.38</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div>	
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">516.24</div>	
City State Zip Code BALTIMORE MD 21288		<b>Transaction ID:</b> SE.6431	
Purpose of Expenditure CATERING EXPENSE		Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">100800.62</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div>	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">477.00</div>	
City State Zip Code BALTIMORE MD 21288		<b>Transaction ID:</b> SE.6562	
Purpose of Expenditure CATERING EXPENSE		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<div style="border: 1px solid black; padding: 2px; text-align: right;">849619.62</div>			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">539.45</div>	
City State Zip Code BALTIMORE MD 21288		<b>Transaction ID:</b> SE.6437	
Purpose of Expenditure TRANSPORTATION COSTS		Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<div style="border: 1px solid black; padding: 2px; text-align: right;">103173.04</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2552.60</div>	
City State Zip Code BALTIMORE MD 21288		<b>Transaction ID:</b> SE.6438	
Purpose of Expenditure CATERING EXPENSE		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<div style="border: 1px solid black; padding: 2px; text-align: right;">898272.23</div>			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D D 0 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3224.16</div>	
City State Zip Code BALTIMORE MD 21288		<b>Transaction ID:</b> SE.6561	
Purpose of Expenditure CATERING EXPENSE		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
<div style="border: 1px solid black; padding: 2px; text-align: right;">934206.09</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND			<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00348540         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			<b>Date</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Full Name (Last, First, Middle, Initial) of Payee WASHINGTON STREET CAFE			<b>Amount</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">516.24</div>	
Mailing Address 88 WASHINGTON STREET			<b>Transaction ID:</b> SE.6557	
City CONCORD	State NH	Zip Code 03301	<b>Office Sought:</b> <input type="checkbox"/> House <span style="margin-left: 20px;">State: NH</span> <input type="checkbox"/> Senate <span style="margin-left: 20px;">District: _____</span> <input checked="" type="checkbox"/> Presidential	
Purpose of Expenditure CATERING EXPENSE		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block; vertical-align: middle;"></div>	<b>Check One:</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA			<b>Disbursement For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">101365.47</div>	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">516.24</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>(c) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">610891.26</div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
KEVIN FINNEGAN _____ Signature	<b>Date</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>

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.

\*\*\*\*\*



**Image# 29991793545**

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.

\*\*\*\*\*