

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 C00348540 3. IS THIS REPORT X 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) X Special (30S) Election on 01 19 2010 in the State of MA

5. Covering Period 01 01 2010 through 02 08 2010

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 02 18 2010

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)

Write or Type Committee Name  
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	2

D	D
0	8

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		531218.57
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	531218.57									
(c) Total Receipts (from Line 19) .....	730956.33	730956.33								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1262174.90	1262174.90								
7. Total Disbursements (from Line 31) .....	18580.00	18580.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1243594.90	1243594.90								
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) .....	494470.72									

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)

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	725820.99	725820.99
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	725820.99	725820.99
(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) .....	725820.99	725820.99
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 .....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	135.34	135.34
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)) .....	730956.33	730956.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	730956.33	730956.33

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3900.00	3900.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3900.00	3900.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	14100.00	14100.00
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 .....	560.00	560.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	560.00	560.00
29. Other Disbursements.....	20.00	20.00
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))..	18580.00	18580.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18580.00	18580.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	725820.99	725820.99
34. Total Contribution Refunds (from Line 28(d)) .....	560.00	560.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	725260.99	725260.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3900.00	3900.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3900.00	3900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 25	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) NEW JERSEY DEMOCRATIC STATE COMMITTEE		Date of Receipt
	Mailing Address 196 WEST STATE STREET		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	TRENTON	NJ	08608
	FEC ID number of contributing federal political committee.		<input type="text" value="C00104471"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SA16.8108 Amount of Each Receipt this Period <input type="text" value="5000.00"/> REFUND OF CONTRIBUTION DATED 10/16/2009	
Aggregate Year-to-Date ▼		<input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="5000.00"/>

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

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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)  
HOROWITZ & ULLMANN, P.C.

Mailing Address 275 MADISON AVENUE  
SUITE 902

City State Zip Code  
NEW YORK NY 10016

Purpose of Disbursement  
ACCOUNTING FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8084

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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)

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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) MILAGROS A JIMENEZ <hr/> Mailing Address 1141 JEROME AVENUE APT. 5B <hr/> City BRONX State NY Zip Code 10452 <hr/> Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name <hr/> 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) ▼	Transaction ID: SB28A.8110 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 105.00
	Category/ Type
	State: District:
<b>B.</b> Full Name (Last, First, Middle Initial) SANTA LIRANZO <hr/> Mailing Address 119 AUDUBON AVENUE #5F <hr/> City NEW YORK State NY Zip Code 10032 <hr/> Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name <hr/> 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) ▼	Transaction ID: SB28A.8111 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 105.00
	Category/ Type
	State: District:
<b>C.</b> Full Name (Last, First, Middle Initial) ADA M PEDROZA <hr/> Mailing Address 127 STOCKHOLM STREET <hr/> City BROOKLYN State NY Zip Code 11221 <hr/> Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name <hr/> 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) ▼	Transaction ID: SB28A.8112 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 105.00
	Category/ Type
	State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	315.00
<b>TOTAL</b> 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)

PAGE 9 / 25

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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

A.

Full Name (Last, First, Middle Initial)

GLADYS RIVERA

Transaction ID: SB28A.8116

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	0

Mailing Address 571 WYTHE AVENUE  
APT. 8N

City State Zip Code  
BROOKLYN NY 11211

Amount of Each Disbursement this Period

245.00
--------

Purpose of Disbursement  
REFUND OF UNITEMIZED CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

245.00

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

560.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</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		Transaction ID: SD10.6240	
8091.98			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	8091.98	

<b>B.</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		Transaction ID: SD10.6241	
65588.32			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	65588.32	

<b>C.</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		Transaction ID: SD10.6242	
14545.49			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	14545.49	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	88225.79
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> 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)

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period 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	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period 56833.56		Transaction ID: SD10.6244	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 56833.56	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period 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>1) SUBTOTALS</b> This Period This Page (optional).....	142513.04
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> 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)

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</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 NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period <input type="text" value="78033.76"/>		<b>Transaction ID:</b> SD10.6246	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="78033.76"/>	

<b>B.</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 NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period <input type="text" value="2812.96"/>		<b>Transaction ID:</b> SD10.6247	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2812.96"/>	

<b>C.</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 NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period <input type="text" value="5095.64"/>		<b>Transaction ID:</b> SD10.6248	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5095.64"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="85942.36"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</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 NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period <input type="text" value="12962.04"/>		<b>Transaction ID:</b> SD10.6249	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="12962.04"/>	

<b>B.</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 NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period <input type="text" value="10997.70"/>		<b>Transaction ID:</b> SD10.6284	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10997.70"/>	

<b>C.</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 NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period <input type="text" value="7231.75"/>		<b>Transaction ID:</b> SD10.6285	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7231.75"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="31191.49"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</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 NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period <input type="text" value="3434.67"/>		<b>Transaction ID:</b> SD10.6286	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3434.67"/>	

<b>B.</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 NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period <input type="text" value="16789.92"/>		<b>Transaction ID:</b> SD10.6287	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="16789.92"/>	

<b>C.</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 NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period <input type="text" value="9286.03"/>		<b>Transaction ID:</b> SD10.6288	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="9286.03"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="29510.62"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 15 / 25
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor AMERICAN EXPRESS	Nature 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	<b>Transaction ID:</b> SD10.6289	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 240.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor AVIS RENT A CAR SYSTEM, INC.	Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 7876 COLLECTIONS CTR DRIVE	
City State ZIP Code CHICAGO IL 60693	

Outstanding Balance Beginning This Period 1156.12	<b>Transaction ID:</b> SD10.6540	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1156.12

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor JENNY BAUER	Nature of Debt (Purpose): REIMBURSEMENT FOR CATERING EXPENSES
Mailing Address 2 WILCOTT PARK	
City State ZIP Code MEDFORD MA 02155	

Outstanding Balance Beginning This Period 43.65	<b>Transaction ID:</b> SD10.6541	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 43.65

1) <b>SUBTOTALS</b> This Period This Page (optional).....	1439.77
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> 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)

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> LILLIAN CARINO			Nature of Debt (Purpose): REIMBURSEMENT FOR TRAVEL EXPENSES
Mailing Address 327 SAINT NICHOLAS AVENUE APT. 2N			
City	State	ZIP Code	
NEW YORK	NY	10027-3609	

Outstanding Balance Beginning This Period		Transaction ID: SD10.6508	
45.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	45.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> KNICKERBOCKER SKD			Nature of Debt (Purpose): IE TV BUY
Mailing Address 594 BROADWAY, SUITE 610			
City	State	ZIP Code	
NEW YORK	NY	10012	

Outstanding Balance Beginning This Period		Transaction ID: SD10.7360	
8000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	8000.00	0.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> NOVAK MEDIA INC.			Nature of Debt (Purpose): RADIO BUY & PRODUCTION
Mailing Address 159 WEST MAIN STREET			
City	State	ZIP Code	
WEBSTER	NY	14580	

Outstanding Balance Beginning This Period		Transaction ID: SD10.7361	
18850.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	18850.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	18895.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> 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)

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> ANTONELLA PECHTEL			Nature of Debt (Purpose): REIMBURSEMENT CATERING EXPENSE
Mailing Address 401 ROSE AVE			
City SCHENECTADY	State NY	ZIP Code 12308	

Outstanding Balance Beginning This Period 201.39		<b>Transaction ID: SD10.6531</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 201.39	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> SEIU COMMUNICATIONS CENTER INC.			Nature of Debt (Purpose): ROBO CALLS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period 4372.06		<b>Transaction ID: SD10.7362</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4372.06	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> SEIU COMMUNICATIONS CENTER INC.			Nature of Debt (Purpose): ROBO CALLS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID: SD10.8083</b>	
Amount Incurred This Period 74250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 74250.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶ 78823.45
<b>2) TOTALS</b> This Period (last page this line number only).....	▶
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶
<b>4) ADD 2) and 3)</b> 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)

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</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 BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period <input type="text" value="1897.47"/>		<b>Transaction ID:</b> SD10.6517	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1897.47"/>	

<b>B.</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 BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period <input type="text" value="1849.15"/>		<b>Transaction ID:</b> SD10.6518	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1849.15"/>	

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): BEVERAGE EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period <input type="text" value="835.02"/>		<b>Transaction ID:</b> SD10.6519	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="835.02"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="4581.64"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
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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) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period 435.95		Transaction ID: SD10.6520	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 435.95	

<b>B.</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 BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period 1056.95		Transaction ID: SD10.6521	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1056.95	

<b>C.</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 BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period 2372.04		Transaction ID: SD10.6522	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2372.04	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	3864.94
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> 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)

FOR LINE NUMBER: (check only one)

9  
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NAME OF COMMITTEE (In Full)  
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period <input type="text" value="367.37"/>		Transaction ID: SD10.6533	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="367.37"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period <input type="text" value="262.40"/>		Transaction ID: SD10.6535	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="262.40"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period <input type="text" value="477.00"/>		Transaction ID: SD10.6536	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="477.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="1106.77"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</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 BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period <input type="text" value="524.80"/>		<b>Transaction ID:</b> SD10.6537	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="524.80"/>	

<b>B.</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 BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period <input type="text" value="1115.00"/>		<b>Transaction ID:</b> SD10.6538	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1115.00"/>	

<b>C.</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 BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period <input type="text" value="419.84"/>		<b>Transaction ID:</b> SD10.6539	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="419.84"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="2059.64"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRANSPORTATION COSTS
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period		Transaction ID: SD10.6545	
539.45			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	539.45	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period		Transaction ID: SD10.6546	
2552.60			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2552.60	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period		Transaction ID: SD10.6548	
3224.16			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	3224.16	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	6316.21
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	494470.72
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	494470.72

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

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  
KNICKERBOCKER SKD

---

Mailing Address  
594 BROADWAY, SUITE 610

---

City NEW YORK	State NY	Zip Code 10012
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---

Purpose of Expenditure IE TV BUY	Category/ Type
-------------------------------------	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
BILL OWENS

---

Calendar Year-To-Date Per Election for Office Sought	8000.00
---	---------

Date  
M M / D D / Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Amount  
8000.00

Transaction ID: SE.8109

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : Special-General  
2009

Full Name (Last, First, Middle, Initial) of Payee  
SEIU COMMUNICATIONS CENTER INC.

---

Mailing Address  
330 WEST 42ND STREET

---

City NEW YORK	State NY	Zip Code 10036
------------------	-------------	-------------------

---

Purpose of Expenditure ROBO CALLS	Category/ Type
--------------------------------------	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
MARTHA COAKLEY

---

Calendar Year-To-Date Per Election for Office Sought	74250.00
---	----------

Date  
M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 1 0

Amount  
74250.00

Transaction ID: SE.7358

Office Sought:  House State: MA  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : Special-General  
2010

**[MEMO ITEM]**

(a) SUBTOTAL of Itemized Independent Expenditures .....	8000.00
(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 2 / 1 8 / 2 0 1 0

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

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  
SQUIER KNAPP & DUNN COMMUNICATIONS INC

Date  

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	0

Mailing Address  
1818 N STREET NW

Amount  

6100.00
---------

City	State	Zip Code
WASHINGTON	DC	20036

Transaction ID: SE.8119

Purpose of Expenditure PRODUCTION - TV SPOT	Category/ Type
--	-------------------

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
BILL OWENS

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought	8000.00
---	---------

Disbursement For:  Primary  General  
 Other (specify) : Special-General  
 2009  
**[MEMO ITEM]**

Full Name (Last, First, Middle, Initial) of Payee  
SQUIER KNAPP & DUNN COMMUNICATIONS INC

Date  

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	0

Mailing Address  
1818 N STREET NW

Amount  

6100.00
---------

City	State	Zip Code
WASHINGTON	DC	20036

Transaction ID: SE.8121

Purpose of Expenditure PRODUCTION - TV SPOT	Category/ Type
--	-------------------

Office Sought:  House State: NY  
 Senate District: 23  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
BILL OWENS

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought	14100.00
---	----------

Disbursement For:  Primary  General  
 Other (specify) : Special-General  
 2009

(a) SUBTOTAL of Itemized Independent Expenditures .....	6100.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	14100.00

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	2		1	8		2	0	1	0

A. Form/Schedule : **SE**  
Transaction ID : **SE.8119**

PAGE 24 OF 25 -THIS IS AN ADDITIONAL INDEPENDENT EXPENDITURE CHARGE IN THE AMOUNT OF \$610  
SQUIER KNAPP & DUNN COMMUNICATIONS, INC.