02/18/2010 17:07

Image# 10990319483

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND 330 WEST 42ND STREET, 7TH FLOOR ADDRESS (number and street) Check if different than previously **NEW YORK** NY 10036 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00348540 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Χ Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the 0 1 2010 MA 19 Election on State of 0 1 0 1 2010 02 8 0 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. **KEVIN FINNEGAN** Type or Print Name of Treasurer Electronically Filed by **KEVIN FINNEGAN** 02 18 2010 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS 2 / 25

FEC Form 3X (Rev. 02/2003)

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

D [®] D 0 1 2010 0 1 2010 02 0.8 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 531218.57 January 1 (b) Cash on Hand at 531218.57 Begining of Reporting Period 730956.33 730956.33 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1262174.90 1262174.90 6(a) and 6(c) for Column B) 18580.00 18580.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1243594.90 1243594.90 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 494470.72 Schedule C and/or Schedule D) 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

01

3 / 25 FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

м °м 0 1

2010 2010 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A) 725820.99 725820.99 (ii) Unitemized (iii) TOTAL (add 725820.99 725820.99 Lines 11(a)(i) and (ii) (b) Political Party Committees Other Political Committees (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees 13. All Loans Received 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other Political Committees 17. Other Federal Receipts

730956.33

18.	Transfers from Non-Federal and Levin Funds

(Dividends, Interest, etc.)

(a) Non-Federal Account
(from Schedule H3)

(h)	I evin	Funds	(from	Schedule	H5\	١

(c) Total Transfer (add 18(a) and 18(b)).
---	----

19. Total Receipts (add Lines 11(d),			
	12, 13, 14, 15, 16, 17, and 18(c))		

20.	Total Federal Receipts
	(subtract Line 18(c) from Line 19)

725620.99	723620.99
0.00	0.00
0.00	0.00
725820.99	725820.99
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
5000.00	5000.00
135.34	135.34
0.00	0.00
0.00	0.00
0.00	0.00
730956.33	730956.33

0 8

730956.33

м°м 0 2

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 25

	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	3.00	
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	3900.00	3900.00
	Expenditures(c) Total Operating Expenditures	3900.00	3900.00
	(add 21(a)(i), (a)(ii) and (b))	3900.00	3900.00
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
4.	Independent Expenditure	14100.00	14100.00
5.	(use Schedule E) Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
	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	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	560.00	560.00
		20.00	20.00
9.	Other Disbursements	20.00	20.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	·	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	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
20	Total Fadaval Diahuwaassasta		
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) 5 / 25

III. Net Contributions/Oper Expenditures	rating COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loa from Line 11(d), page 3)	'	725820.99
4. Total Contribution Refunds (from Line 28(d))	560.00	560.00
 Net Contributions (other than loans (subtract Line 34 from Line 33) 	705000.00	725260.99
6. Total Federal Operating Expenditu (add Line 21(a)(i) and Line 21(b)).	3900 00	3900.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
 Net Operating Expenditures (subtract Line 37 from Line 36) 	3900.00	3900.00

FE6AN026

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) 11a 11b 11c 12 13 14 15 X 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L L	JNION FEDE	RAL POLITICAL ACTION F	UND
Full Name (Last, First, Middle Initial) NEW JERSEY DEMOCRATIC STATE COMMIT Mailing Address 196 WEST STATE ST			Date of Receipt 0 1 2 9 2 0 1 0
City	State	Zip Code	Transaction ID: SA16.8108
TRENTON	NJ	08608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C COO	0104471	5000.00
Name of Employer	Occupatio	n	REFUND OF CONTRIBUTION DA- TED 10/16/2009
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)		5000.00

Image# 10990319489

State:

A.

SCHEDULE B (FEC Form 3X)

District:

FOR LINE NUMBER: PAGE 7/25 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 23 25 26 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND Full Name (Last, First, Middle Initial) Transaction ID: SB21B.8084 HOROWITZ & ULLMANN, P.C. Date of Disbursement o[™] 1 0 8 2010 Mailing Address 275 MADISON AVENUE SUITE 902 City State Zip Code Amount of Each Disbursement this Period **NEW YORK** NY 10016 3900.00 Purpose of Disbursement **ACCOUNTING FEES** Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	•	3900.00
TOTAL This Period (last page this line number only)	•	3900.00

TEMIZED DISBURSEMENTS Tor seach categopy of the Disbursement Disbursement	SCHEDULE B (FEC FOIII 3X)	Use separate schedu	e(s) (check onl	E NUMBER: PAGE 8/25
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND Full Name (Last, First, Middle Initial) MILAGROS A JIMENEZ Mailing Address 119 AUDUBON AVENUE Clip President State: District: Full Name (Last, First, Middle Initial) SANTAL LIRANZO Office Sought: House President State: District: Full Name (Last, First, Middle Initial) SANTAL LIRANZO Office Sought: House President State: District: Full Name (Last, First, Middle Initial) SANTAL LIRANZO Office Sought: House Primary General Primary General Primary General Primary General Primary General Primary General Disbursement this Perio Transaction ID: SB28A.8111 Date of Disbursement #5F City State Zip Code NY 10032 Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) ADA M PEDROZA Mailing Address 127 STOCKHOLM STREET City BROOKLYN Mailing Address 127 STOCKHOLM STREET City BROOKLYN Office Sought: House President President Disbursement Office Sought: House President President Office Sought: House P		Detailed Summary Pa	ge 21b 27	22 23 24 25 2 X 28a 28b 28c 29
Transaction ID: SB28A.8110 Date of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Gandidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Amaling Address 119 AUDUBON AVENUE ADT Senate Primary General Disbursement this Perio Office Sought: House Primary General Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Office Sought: House Primary General Disbursement this Perio Transaction ID: SB28A.8111 Date of Disbursement this Perio Transaction ID: SB28A.8111 Date of Disbursement Disbursement this Perio Transaction ID: SB28A.8111 Date of Disbursement Disburse	r for commercial purposes, other than using the r			
Mailing Address 1141 JEROME AVENUE APT. 5B City BRONX State Zip Code NY 10452 Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Cardidate Name Disbursement For: Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) SANTA LIRANZO Mailing Address 119 AUDUBON AVENUE #5F City YORK NY 10032 Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Office Sought: House Disbursement For: Senate Primary General Disbursement W 2 2 7 Y 2 0 1 0 Y 2 0 Y 2 0 1 0 Y 2 0 Y 2 0 Y 2 0 Y 2 0 Y 2 0 Y 2 0 Y 2 0 Y 2 0 Y 2 0 Y 2 0 Y 2 0 Y 2 0 Y 2	` '	IION FEDERAL POLITI	CAL ACTION FUI	ND
City APT. 5B City APT. 5B State Zip Code NY 10452 Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Office Sought: House Senate Primary General President State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Perio Senate Primary General President Senate NY 10032 Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Office Sought: House President Other (specify) ▼ State Zip Code NY 10032 Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Office Sought: House President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) ADA M PEDROZA Mailing Address 127 STOCKHOLM STREET City State: District: Full Name (Last, First, Middle Initial) ADA M PEDROZA Mailing Address 127 STOCKHOLM STREET City State Zip Code NY 11221 Date of Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Category/ Type Transaction ID: SB28A.8112 Date of Disbursement Disbursement For: Category/ Type Office Sought: House Disbursement For: Category/ Type				Date of Disbursement
BROX NY 10452 Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Office Sought: House Senate President Perimary General Other (specify) ▼ Transaction ID: SB28A.8111 Date of Disbursement For: #5F City State: J19 AUDUBON AVENUE City State Zip Code NY 10032 Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) ADA M PEDROZA Mailing Address 127 STOCKHOLM STREET City Senate President Other (specify) ▼ Transaction ID: SB28A.8111 Date of Disbursement this Perio Category/ Type Transaction ID: SB28A.8112 Date of Disbursement this Perio Disbursement For: Primary General District: Full Name (Last, First, Middle Initial) ADA M PEDROZA Mailing Address 127 STOCKHOLM STREET City Senate President Disbursement For: BROOKLYN State Zip Code NY 11221 Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Disbursement For: Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: Primary General Disbursement this Perio Category/ Type Office Sought: Primary General Primary General President Other (specify) ▼	APT. 5B	UE		01 27 2010
REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Office Sought: House Senate Prisadent State: District: Full Name (Last, First, Middle Initial) SANTA LIRANZO Mailing Address 119 AUDUBON AVENUE #SF City NEW YORK State Zip Code NY 10032 Office Sought: House Primary General Primary General Primary General Other (specify) ▼ Office Sought: House Primary General Primary General President State: District: Full Name (Last, First, Middle Initial) ADA M PEDROZA Mailing Address 127 STOCKHOLM STREET City Senate President State Zip Code Senate Primary General Other (specify) ▼ Transaction ID: SB28A.8111 Date of Disbursement this Perion Category/ Type Transaction ID: SB28A.8112 Date of Disbursement this Perion Category/ Type Transaction ID: SB28A.8112 Date of Disbursement Tor: Primary General Other (specify) ▼ Amount of Each Disbursement this Perion Category/ Type Office Sought: House Disbursement For: Other (specify) ▼	BRONX			
Office Sought: House Primary General Other (specify) ▼ State: District: Other (specify) ▼ Full Name (Last, First, Middle Initial) SANTA LIRANZO Mailing Address 119 AUDUBON AVENUE #5F City State Zip Code NY 10032 Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Office Sought: House Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ADA M PEDROZA Mailing Address 127 STOCKHOLM STREET City State Zip Code NY 10032 Primary General Other (specify) ▼ Transaction ID: SB28A.8111 Date of Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Disbursement Tor: Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Perio Category/ Type Transaction ID: SB28A.8112 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement this Perio Category/ Type Office Sought: House State Zip Code Disbursement Tor: City State Zip Code Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼	REFUND OF UNITEMIZED CONTRIBUTION	I		105.00
Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) SANTA LIRANZO Mailing Address 119 AUDUBON AVENUE #5F City State Zip Code NY 10032 Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Disbursement For: Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) ADA M PEDROZA Mailing Address 127 STOCKHOLM STREET City State Zip Code NY 11221 Purpose of Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) ADA M PEDROZA Mailing Address 127 STOCKHOLM STREET City State Zip Code NY 11221 Purpose of Disbursement For: State Zip Code NY 11221 Purpose of Disbursement For: Category/ Type Office Sought: House State Zip Code NY 11221 Purpose of Disbursement For: Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Other (specify) ▼ Amount of Each Disbursement this Perio Other (specify) ▼ Amount of Each Disbursement this Perio Other (specify) ▼ Amount of Each Disbursement this Perio Other (specify) ▼ Amount of Each Disbursement this Perio Other (specify) ▼ Other (specify) ▼		_		
Full Name (Last, First, Middle Initial) SANTA LIRANZO Mailing Address 119 AUDUBON AVENUE #5F City NEW YORK Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Office Sought: Full Name (Last, First, Middle Initial) ADA M PEDROZA Mailing Address 127 STOCKHOLM STREET City BROOKLYN State City BROOKLYN State City BROOKLYN State City BROOKLYN State City BROOKLYN State City BROOKLYN State Disbursement State Disbursement State City BROOKLYN State Disbursement Category/ Type Amount of Each Disbursement this Perio Category/ Type Transaction ID: SB28A.8112 Date of Disbursement M 1 2 7 7 2 0 1 0 7 Amount of Each Disbursement this Perio Category/ Type Amount of Each Disbursement Category/ Type Amount of Each Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) Office Sought: Office Sou	Senate President	Primary Gene	ral	
Mailing Address 119 AUDUBON AVENUE #5F City				Transaction ID: CD00A 0111
#5F City				Date of Disbursement
NÉW YORK Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) ADA M PEDROZA Mailing Address 127 STOCKHOLM STREET City State Zip Code BROOKLYN Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Perior Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Other (specify) ▼				
REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) ADA M PEDROZA Mailing Address 127 STOCKHOLM STREET City State Zip Code BROOKLYN Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Perior Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼				
Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) ADA M PEDROZA Mailing Address 127 STOCKHOLM STREET City State Zip Code BROOKLYN NY 11221 Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: Disbursement For: Senate Primary General Other (specify) ▼		I		105.00
Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) ADA M PEDROZA Mailing Address 127 STOCKHOLM STREET City State Zip Code BROOKLYN NY 11221 Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Other (specify) ▼ Transaction ID: SB28A.8112 Date of Disbursement Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) ▼	Candidate Name			
Full Name (Last, First, Middle Initial) ADA M PEDROZA Mailing Address 127 STOCKHOLM STREET City BROOKLYN Purpose of Disbursement NY 11221 Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Disbursement For: Senate Primary Other (specify) Other (specify)	Senate President	Primary Gene	eral	
City State Zip Code BROOKLYN NY 11221 Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) Office Specifical Disbursement For:	Full Name (Last, First, Middle Initial)			
BROOKLYN Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Office Sought: House Senate Primary Other (specify) President Disbursement For: Senate Other (specify) Other (specify)	Mailing Address 127 STOCKHOLM ST	reet		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
REFUND OF UNITEMIZED CONTRIBUTION Candidate Name Category/ Type Office Sought:	City BROOKLYN			Amount of Each Disbursement this Perio
Office Sought: House	•	I		105.00
Senate Primary General President Other (specify) ▼	Candidate Name			
State: District:	Senate President	Primary Gene	ral	
	O District.			

A.

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each category of the (che	R LINE NUMBER: PAGE 9 / 25 ckk only one) 21b 22 23 24 25 26
Any Information copied from such Reports and Stateme		27 X 28a 28b 28c 29 30b
or for commercial purposes, other than using the name	, , , , ,	· ·
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION	I FEDERAL POLITICAL ACTIO	N FUND
Full Name (Last, First, Middle Initial) GLADYS RIVERA		Transaction ID: SB28A.8116 Date of Disbursement
Mailing Address 571 WYTHE AVENUE APT. 8N		01 27 7 2010
,	State Zip Code NY 11211	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION		245.00
Candidate Name	Catego Type	
	nent For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	•	245.00
TOTAL This Period (last page this line number only)	•	560.00

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

PAGE 10 / 25 FOR LINE NUMBER: 9 (check only one) X 10

1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL	POLITICAL	ACTION FUND

	IMITTEE (In Full) EE EMPLOYEES INT'L UNION F	FEDERAL POLITICAL ACTION FUN	D
	ne (Last, First, Middle Initial) of Debtor UNITED HEALTHCARE WORI	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing Addr	ess 330 WEST 42ND STREET	-	
City NEW YOR	State K NY	ZIP Code 10036	
Outstandi	ng Balance Beginning This Period		Transaction ID: SD10.6240
	8091.98		
An	nount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	8091.98
	ne (Last, First, Middle Initial) of Debtor UNITED HEALTHCARE WORI		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Addr	ess 330 WEST 42ND STREET	-	
City NEW YOR	State K NY	ZIP Code 10036	
Outstandi	ng Balance Beginning This Period		Transaction ID: SD10.6241
	65588.32		
Am	nount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	65588.32
	ne (Last, First, Middle Initial) of Debtor UNITED HEALTHCARE WORI		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Addr	ess 330 WEST 42ND STREET	-	
City NEW YOR	State K NY	ZIP Code 10036	
Outstandi	ng Balance Beginning This Period	Transaction ID: SD10.6242	
	14545.49		
An	nount Incurred This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	14545.49
1) SUBTOTAL	S This Period This Page (optional)		▶ 88225.79
2) TOTALS Th	nis Period (last page this line number	only)	>
3) TOTAL OUT	TSTANDING LOANS from Schedu	ule C (last page only)	>

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

PAGE 11 / 25 FOR LINE NUMBER: (check only one)

9

X 10

Excluding Loans

N

	AME OF COMMITTEE (In 99 SERVICE EMPLO		FEDERAL POLITICAL ACTION FUN	D
	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 V	VEST 42ND STREET	Γ	
	City NEW YORK	State NY	ZIP Code 10036	
	Outstanding Balance E			Transaction ID: SD10.6243
		3157.42		
	Amount Incurre		Payment This Period	Outstanding Balance at Close of This Period
		0.00	0.00	3157.42
	B. Full Name (Last, Firs 1199 SEIU UNITED F			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
	Mailing Address 330 V	VEST 42ND STREET	Γ	
	City NEW YORK	State NY	ZIP Code 10036	
	Outstanding Balance E	Beginning This Period		Transaction ID: SD10.6244
		56833.56		
	Amount Incurred This Period Payment This Period			
	Amount Incurre	ed This Period	Payment This Period	Outstanding Balance at Close of This Period
	Amount Incurre	ed This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 56833.56
	C. Full Name (Last, Firs 1199 SEIU UNITED F	0.00 t, Middle Initial) of Debto	0.00	
	C. Full Name (Last, Firs	0.00 t, Middle Initial) of Debto HEALTHCARE WOR	o.00 or or Creditor KERS EAST	56833.56 Nature of Debt (Purpose): REIMBURSE STAFF SALARIES
-	C. Full Name (Last, Firs 1199 SEIU UNITED H	0.00 t, Middle Initial) of Debto HEALTHCARE WOR	o.00 or or Creditor KERS EAST	56833.56 Nature of Debt (Purpose): REIMBURSE STAFF SALARIES
	C. Full Name (Last, Firs 1199 SEIU UNITED H Mailing Address 330 V	t, Middle Initial) of Debto HEALTHCARE WOR VEST 42ND STREET State NY	0.00 or or Creditor KERS EAST ZIP Code	56833.56 Nature of Debt (Purpose): REIMBURSE STAFF SALARIES
	C. Full Name (Last, Firs 1199 SEIU UNITED H Mailing Address 330 V City NEW YORK	t, Middle Initial) of Debto HEALTHCARE WOR VEST 42ND STREET State NY	0.00 or or Creditor KERS EAST ZIP Code	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
	C. Full Name (Last, Firs 1199 SEIU UNITED H Mailing Address 330 V City NEW YORK	0.00 t, Middle Initial) of Debto HEALTHCARE WOR VEST 42ND STREET State NY Beginning This Period 82522.06	0.00 or or Creditor KERS EAST ZIP Code	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
	C. Full Name (Last, Firs 1199 SEIU UNITED H Mailing Address 330 V City NEW YORK	0.00 t, Middle Initial) of Debto HEALTHCARE WOR VEST 42ND STREET State NY Beginning This Period 82522.06	O.00 or or Creditor KERS EAST ZIP Code 10036	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS Transaction ID: SD10.6245
1)	C. Full Name (Last, Firs 1199 SEIU UNITED H Mailing Address 330 V City NEW YORK Outstanding Balance E	0.00 t, Middle Initial) of Debto HEALTHCARE WOR VEST 42ND STREET State NY Beginning This Period 82522.06 ed This Period 0.00	O.00 or or Creditor KERS EAST ZIP Code 10036 Payment This Period	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS Transaction ID: SD10.6245 Outstanding Balance at Close of This Period
	C. Full Name (Last, Firs 1199 SEIU UNITED F Mailing Address 330 V City NEW YORK Outstanding Balance E Amount Incurre	0.00 It, Middle Initial) of Debto HEALTHCARE WOR VEST 42ND STREET State NY Beginning This Period 82522.06 and This Period 0.00 iod This Page (optional).	O.00 or or Creditor KERS EAST ZIP Code 10036 Payment This Period 0.00	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS Transaction ID: SD10.6245 Outstanding Balance at Close of This Period 82522.06
2)	C. Full Name (Last, Firs 1199 SEIU UNITED F Mailing Address 330 V City NEW YORK Outstanding Balance E Amount Incurre	0.00 t, Middle Initial) of Debto HEALTHCARE WOR VEST 42ND STREET State NY Beginning This Period 82522.06 ed This Period 0.00 iod This Page (optional).	O.00 or or Creditor KERS EAST ZIP Code 10036 Payment This Period 0.00	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS Transaction ID: SD10.6245 Outstanding Balance at Close of This Period 82522.06

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

PAGE 12 / 25 FOR LINE NUMBER: (check only one)

	9
Х	10

	ME OF COMMITTEE (In 99 SERVICE EMPLO	,	FEDERAL POLITICAL ACTION FUNI)
	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 V	WEST 42ND STREET	7	
	City NEW YORK	State NY	ZIP Code 10036	
	Outstanding Balance	Beginning This Period		Transaction ID: SD10.6246
		78033.76		
	Amount Incurre	ed This Period	Payment This Period	Outstanding Balance at Close of This Period
		0.00	0.00	78033.76
	B. Full Name (Last, First 1199 SEIU UNITED I			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
	Mailing Address 330 V	WEST 42ND STREET	7	-
	City NEW YORK	State NY	ZIP Code 10036	
	Outstanding Balance	Beginning This Period		Transaction ID: SD10.6247
		2812.96		
	Amount Incurre	ed This Period	Payment This Period	Outstanding Balance at Close of This Period
		0.00	0.00	2812.96
	C. Full Name (Last, Firs 1199 SEIU UNITED I			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
	Mailing Address 330 V	WEST 42ND STREET	7	
	City NEW YORK	State NY	ZIP Code 10036	
	Outstanding Balance Beginning This Period			Transaction ID: SD10.6248
	5095.64			
Amount Incurred This Period Payment This Period		Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	5095.64
1)	SUBTOTALS This Per	iod This Page (optional).		85942.36
2)	TOTALS This Period (la	ast page this line number	only)	>
3)	TOTAL OUTSTANDING	LOANS from Schedu	ule C (last page only)	>
4)	ADD 2) and 3) and car	ry forward to appropriate	line of Summary Page (last page only)	>

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

PAGE 13 / 25 FOR LINE NUMBER: 9 (check only one) X 10

1199 SERVICE EMPL	OYFFS INT'I	UNION FEDERAL	POLITICAL	ACTION FUND

	OMMITTEE (In Full) /ICE EMPLOYEES INT'L UNI	ION FEDERAL POLITICAL ACTION FUNI)
	lame (Last, First, Middle Initial) of I IU UNITED HEALTHCARE V	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing A	ddress 330 WEST 42ND ST	REET	
City NEW YO	State ORK NY	ZIP Code 10036	
Outsta	nding Balance Beginning This Per	iod	Transaction ID: SD10.6249
	12962.04		
	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	12962.04
	lame (Last, First, Middle Initial) of I IU UNITED HEALTHCARE V		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing A	ddress 330 WEST 42ND STF	REET	
City NEW YO	State ORK NY	ZIP Code 10036	
Outsta	nding Balance Beginning This Per	iod	Transaction ID: SD10.6284
	10997.70		
	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	10997.70
	lame (Last, First, Middle Initial) of I IU UNITED HEALTHCARE V		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing A	ddress 330 WEST 42ND STI	REET	
City NEW YO	State ORK NY	ZIP Code 10036	
Outsta	nding Balance Beginning This Per	iod	Transaction ID: SD10.6285
	7231.75		
	Amount Incurred This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	7231.75
1) SUBTOT		0.00	7231.75
	ALS This Period This Page (opti		
2) TOTALS	ALS This Period This Page (option This Period (last page this line number 1)	onal)	

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

PAGE 14 / 25 FOR LINE NUMBER: 9 (check only one)

ALCO OFFICIAL COVEED INT		DOLUTION!	A OTION FUND
1199 SERVICE EMPLOYEES INT'	L UNION FEDERAL	. POLITICAL	ACTION FUND

Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE ((In Full)			
1199 SERVICE EMPL	OYEES INT'L UNION F	EDERAL POLITICAL ACTION F	FUND	
	irst, Middle Initial) of Debtor		Nature of Debt (Purpose):
1199 SEIU UNITED	HEALTHCARE WORK	REIMBURSE	STAFF SALARIES	
			AND BLINEI I	13
Mailing Address 330	WEST 42ND STREET			
0.1	Otata			
City NEW YORK	State NY	ZIP Code 10036		
		10030		
Outstanding Balance	e Beginning This Period		Transac	tion ID: SD10.6286
	3434.67			
Amount Inou	rred This Period	Payment This Period	Outstanding Br	alance at Close of This Period
Amount mea	Tred Triis Fellou	Fayment This Fenou	Outstanding Ba	diance at Close of This Feriod
	0.00	0.00		3434.67
B. Full Name (Last, F	irst, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
· ·) HEALTHCARE WORK		REIMBURSE	STAFF SALARIES
			AND BENEFI	IS
Mailing Address 330	WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036		
		10000		
Outstanding Balance	e Beginning This Period		Transac	tion ID: SD10.6287
	16789.92			
Amount Incu	rred This Period	Payment This Period	Outstanding Ba	alance at Close of This Period
	• • • • • • •	 		
	0.00	0.00		16789.92
C Full Name (Last F	irst, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purnosa).
	HEALTHCARE WORK		REIMBURSE	STAFF SALARIES
			AND BENEFI	rs
Mailing Address 330	WEST 42ND STREET			
City	State	ZIP Code		
NEW YORK	NY	10036		
Outstanding Balance	e Beginning This Period		Transac	tion ID: SD10.6288
	9286.03			
Amount Incu	rred This Period	Payment This Period	Outstanding Ba	alance at Close of This Period
	0.00	0.00		9286.03
1) SUBTOTALS This P	eriod This Page (optional)		•	29510.62
,			_	
2) TOTALS This Period	(last page this line number o	nly)	>	
3) TOTAL OUTSTANDIN	NG LOANS from Schedul	le C (last page only)	•	
4) ADD 0)		, o p " :		
4) ADD 2) and 3) and c	arry torward to appropriate li	ne of Summary Page (last page only)		

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

PAGE 15 / 25 FOR LINE NUMBER: 9 (check only one) X 10

1199 SERVICE EMPL	OYFES INT'I	UNION FEDERAL	POLITICAL	ACTION FU	NΓ
TIOS OLITATOL LIVII L				/101101110	110

NAME OF COMMITTEE 1199 SERVICE EMPL		FEDERAL POLITICAL ACTION FUNI)
A. Full Name (Last, F AMERICAN EXPR	First, Middle Initial) of Debto ESS	or or Creditor	Nature of Debt (Purpose): CATERING
Mailing Address P.(D. BOX 2855		
City NEW YORK	State NY	ZIP Code 10116-2855	
Outstanding Balance Beginning This Period			Transaction ID: SD10.6289
	240.00		
Amount Inci	urred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	240.00
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AVIS RENT A CAR SYSTEM, INC.			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 78	76 COLLECTIONS CT	R DRIVE	
City CHICAGO	State IL	ZIP Code 60693	
Outstanding Baland	ce Beginning This Period		Transaction ID: SD10.6540
	1156.12		
Amount Inci	urred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	1156.12
C. Full Name (Last, F JENNY BAUER	First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose): REIMBURSEMENT FOR CATERING EXPENSES
Mailing Address 2 V	VILCOTT PARK		
City MEDFORD	State MA	ZIP Code 02155	
Outstanding Baland	ce Beginning This Period		Transaction ID: SD10.6541
	43.65		
Amount Inci	urred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	43.65
1) SUBTOTALS This F	Period This Page (optional)		1439.77
2) TOTALS This Period	(last page this line number	only)	>
3) TOTAL OUTSTANDI	NG LOANS from Sched	lule C (last page only)	>
4) ADD 2) and 3) and 0	carry forward to appropriate	line of Summary Page (last page only)	>

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

PAGE 16 / 25 FOR LINE NUMBER: 9 (check only one)

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

Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE ((In Full)			
1199 SERVICE EMPL	OYEES INT'L UNION F	EDERAL POLITICAL ACTION F	UND	
	irst, Middle Initial) of Debtor	or Creditor	Nature of Debt (P	
LILLIAN CARINO			REIMBURSEM EXPENSES	ENT FOR TRAVEL
		LAFLINGLS		
_	SAINT NICHOLAS AV	ENUE		
	Γ. 2N			
City	State	ZIP Code		
NEW YORK	NY	10027-3609		
Outstanding Balance	e Beginning This Period		Transact	on ID: SD10.6508
	45.00			
	43.00			
Amount Incu	rred This Period	Payment This Period	Outstanding Bal	ance at Close of This Period
	0.00	0.00		45.00
	0.00	0.00		45.00
B. Full Name (Last F	irst, Middle Initial) of Debtor	or Creditor	Nature of Debt (P	urpose):
KNICKERBOCKER		or ordinor	IE TV BUY	urpose).
	0.12			
Mailing Address 594	BROADWAY, SUITE 6	510		
City	State	ZIP Code		
NEW YORK	NY	10012		
Outstanding Balance	e Beginning This Period		Transact	on ID: SD10.7360
-	8000.00			
	8000.00			
Amount Incu	rred This Period	Payment This Period	Outstanding Bal	ance at Close of This Period
	0.00	8000.00		0.00
C. Full Name (Last, F	irst, Middle Initial) of Debtor	or Creditor	Nature of Debt (P	urpose):
NOVAK MEDIA INC				PRODUCTION
Mailing Address 159	WEST MAIN STREET			
City	State	ZIP Code		
WEBSTER	NY	14580		
Outstanding Balance	e Beginning This Period		Transact	on ID: SD10.7361
	18850.00			
	10000.00			
Amount Incu	rred This Period	Payment This Period	Outstanding Bal	ance at Close of This Period
	0.00	0.00		18850.00
	0.00	0.00		10000.00
L				
1) SUBTOTALS This P	eriod This Page (optional)		• [18895.00
2) TOTALS This Period	(last page this line number of	only)	>	
3) TOTAL OUTSTANDIN	NG LOANS from Schedu	le C (last page only)	>	
4) 400 0) 10)	and forward to the state of the			
4) ADD 2) and 3) and c	arry torward to appropriate I	ine of Summary Page (last page only)		

(Use separate

PAGE 17 / 25 R LINE NUMBER: 9 eck only one)

X 10

(Ooo ooparato	
schedule(s)	FOR
for each	(che
numbered line)	,

1199 SERVICE EMPL	OYFES INT'I	UNION FEDERAL	POLITICAL	ACTION FU	NΓ
TIOS OLITATOL LIVII L				/101101110	110

1199 SERVICE EMPLOYEES INT'L UNION F	EDERAL POLITICAL ACTION FUN	D
A. Full Name (Last, First, Middle Initial) of Debtor ANTONELLA PECHTEL	or Creditor	Nature of Debt (Purpose): REIMBURSEMENT CATERING EX-PENSE
Mailing Address 401 ROSE AVE		
City State SCHENECTADY NY	ZIP Code 12308	
Outstanding Balance Beginning This Period		Transaction ID: SD10.6531
201.39		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	201.39
B. Full Name (Last, First, Middle Initial) of Debtor SEIU COMMUNICATIONS CENTER INC.	or Creditor	Nature of Debt (Purpose): ROBO CALLS
Mailing Address 330 WEST 42ND STREET		
City State NEW YORK NY	ZIP Code 10036	
Outstanding Balance Beginning This Period		Transaction ID: SD10.7362
4372.06		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	4372.06
C. Full Name (Last, First, Middle Initial) of Debtor SEIU COMMUNICATIONS CENTER INC.	or Creditor	Nature of Debt (Purpose): ROBO CALLS
Mailing Address 330 WEST 42ND STREET		
City State NEW YORK NY	ZIP Code 10036	
Outstanding Balance Beginning This Period		Transaction ID: SD10.8083
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
74250.00	0.00	74250.00
1) SUBTOTALS This Period This Page (optional)		78823.45
2) TOTALS This Period (last page this line number of	only)	>
3) TOTAL OUTSTANDING LOANS from Schedu	ile C (last page only)	>
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only)	>

(Use separate schedule(s) for each numbered line) PAGE 18 / 25

FOR LINE NUMBER:		
(check only one)		9
	Х	10

ALCO OFFICIAL COVEED INT		DOLUTION!	A OTION FUND
1199 SERVICE EMPLOYEES INT'	L UNION FEDERAL	. POLITICAL	ACTION FUND

	ME OF COMMITTEE (In 99 SERVICE EMPLO		FEDERAL POLITICAL ACTION FUN	D
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING EXPENSES
	Mailing Address P.O. I	BOX 88000		
	City BALTIMORE	State MD	ZIP Code 21288	
	Outstanding Balance Beginning This Period			Transaction ID: SD10.6517
		1897.47		
	Amount Incurre	ed This Period	Payment This Period	Outstanding Balance at Close of This Period
		0.00	0.00	1897.47
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING EXPENSES
	Mailing Address P.O. BOX 88000			
	City BALTIMORE	State MD	ZIP Code 21288	
	Outstanding Balance E	Beginning This Period		Transaction ID: SD10.6518
		1849.15		
	Amount Incurred This Period			
	Amount Incurre	ed This Period	Payment This Period	Outstanding Balance at Close of This Period
	Amount Incurre	ed This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1849.15
	C. Full Name (Last, Firs UNION TRAVEL MAS	0.00 t, Middle Initial) of Debte	0.00	
_	C. Full Name (Last, Firs	0.00 t, Middle Initial) of Debte STERCARD	0.00	Nature of Debt (Purpose):
-	C. Full Name (Last, Firs UNION TRAVEL MAS	0.00 t, Middle Initial) of Debte STERCARD	0.00	Nature of Debt (Purpose):
-	C. Full Name (Last, Firs UNION TRAVEL MAS Mailing Address P.O. I	t, Middle Initial) of Debte STERCARD BOX 88000 State MD	0.00 or or Creditor ZIP Code	Nature of Debt (Purpose):
-	C. Full Name (Last, Firs UNION TRAVEL MAS Mailing Address P.O. I City BALTIMORE	t, Middle Initial) of Debte STERCARD BOX 88000 State MD	0.00 or or Creditor ZIP Code	Nature of Debt (Purpose): BEVERAGE EXPENSES
-	C. Full Name (Last, Firs UNION TRAVEL MAS Mailing Address P.O. I City BALTIMORE	t, Middle Initial) of Debte STERCARD BOX 88000 State MD Beginning This Period 835.02	0.00 or or Creditor ZIP Code	Nature of Debt (Purpose): BEVERAGE EXPENSES
-	C. Full Name (Last, Firs UNION TRAVEL MAS Mailing Address P.O. I City BALTIMORE Outstanding Balance E	t, Middle Initial) of Debte STERCARD BOX 88000 State MD Beginning This Period 835.02	O.00 Or or Creditor ZIP Code 21288	Nature of Debt (Purpose): BEVERAGE EXPENSES Transaction ID: SD10.6519
1)	C. Full Name (Last, Firs UNION TRAVEL MAS Mailing Address P.O. I City BALTIMORE Outstanding Balance E	0.00 t, Middle Initial) of Debte STERCARD BOX 88000 State MD Beginning This Period 835.02 ad This Period 0.00	O.00 ZIP Code 21288 Payment This Period	Nature of Debt (Purpose): BEVERAGE EXPENSES Transaction ID: SD10.6519 Outstanding Balance at Close of This Period
	C. Full Name (Last, Firs UNION TRAVEL MAS Mailing Address P.O. I City BALTIMORE Outstanding Balance E Amount Incurre	0.00 t, Middle Initial) of Debte STERCARD BOX 88000 State MD Beginning This Period 835.02 ed This Period 0.00	O.00 ZIP Code 21288 Payment This Period 0.00	Nature of Debt (Purpose): BEVERAGE EXPENSES Transaction ID: SD10.6519 Outstanding Balance at Close of This Period 835.02
2)	C. Full Name (Last, Firs UNION TRAVEL MAS Mailing Address P.O. I City BALTIMORE Outstanding Balance E Amount Incurre	0.00 t, Middle Initial) of Debte STERCARD BOX 88000 State MD Beginning This Period 835.02 ed This Period 0.00 iod This Page (optional) st page this line number	O.00 ZIP Code 21288 Payment This Period 0.00	Nature of Debt (Purpose): BEVERAGE EXPENSES Transaction ID: SD10.6519 Outstanding Balance at Close of This Period 835.02

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

PAGE 19 / 25 FOR LINE NUMBER: (check only one) 9

1199 SERVICE EMPL	OYFFS INT'I	UNION FEDERAL	POLITICAL	ACTION FUND

Excluding Loans	1	numbered line)	X 10
NAME OF COMMITTEE (In Full)			
1199 SERVICE EMPLOYEES INT'L UNION FI	EDERAL POLITICAL ACTION FL	JND	
A. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARD	or Creditor	Nature of Debt (Purp TRAVEL EXPENS	
Mailing Address P.O. BOX 88000			
City State BALTIMORE MD	ZIP Code 21288		
Outstanding Balance Beginning This Period		Transaction	ID: SD10.6520
435.95			
Amount Incurred This Period	Payment This Period	Outstanding Balanc	e at Close of This Period
0.00	0.00		435.95
B. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARD	or Creditor	Nature of Debt (Purp TRAVEL EXPENS	
Mailing Address P.O. BOX 88000			
City State BALTIMORE MD	ZIP Code 21288		
Outstanding Balance Beginning This Period		Transaction	ID: SD10.6521
1056.95			.2. 02.0.002.
Amount Incurred This Period	Payment This Period	Outstanding Balanc	e at Close of This Period
0.00	0.00		1056.95
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARD	or Creditor	Nature of Debt (Purp CATERING EXPE	
Mailing Address P.O. BOX 88000			
City State BALTIMORE MD	ZIP Code 21288		
Outstanding Balance Beginning This Period		Transaction	ID: SD10.6522
2372.04			
Amount Incurred This Period	Payment This Period	Outstanding Balanc	e at Close of This Period
0.00	0.00		2372.04
1) SUBTOTALS This Period This Page (optional)			3864.94
2) TOTALS This Period (last page this line number o	nly)	>	
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	>	
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only)	>	

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

PAGE 20 / 25 FOR LINE NUMBER: (check only one) 9

1199 SERVICE EMPL	OYFFS INT'I	UNION FEDERAL	POLITICAL	ACTION FUND

Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE	,			
1199 SERVICE EMPL	OYEES INT'L UNION F	EDERAL POLITICAL ACTION F	UND	
	irst, Middle Initial) of Debtor	or Creditor	Nature of Debt (P	
UNION TRAVEL M	ASTERCARD		TRAVEL EXPE	INSES
Mailing Address P.C). BOX 88000			
0:1	Otata	710.0 - 1 -		
City BALTIMORE	State MD	ZIP Code 21288		
DALTIVIONE	טואו	21200		
Outstanding Balanc	e Beginning This Period		Transacti	ion ID: SD10.6533
	367.37			
Amount Incu	rred This Period	Payment This Period	Outstanding Bal	ance at Close of This Period
	0.00	0.00	.	367.37
	1111			
R Full Name (Last E	irst, Middle Initial) of Debtor	or Creditor	Nature of Debt (P	ntuoco).
UNION TRAVEL M.		or orealtor	TRAVEL EXPE	
ONION HUXVEE IVI	TO TELLOTTIE		THU WEE EXILE	
Mailing Address P.C	BOX 88000			
	. DOX 00000			
City	State	ZIP Code		
BALTIMORE	MD	21288		
Outstanding Ralance	e Beginning This Period		Transacti	ion ID: SD10.6535
Outstanding Balanc			Transacu	1011 ID: 3D10.0030
	262.40			
Amount Incu	rred This Period	Payment This Period	Outstanding Bal	ance at Close of This Period
		· · · · · · · · · · · · · · · · · · ·		
	0.00	0.00		262.40
	irst, Middle Initial) of Debtor	or Creditor	Nature of Debt (P	
UNION TRAVEL M.	ASTERCARD		CATERING EX	PENSES
Mailing Address P.C). BOX 88000			
City	State	ZIP Code		
BALTIMORE	MD	21288		
		21200		
Outstanding Balanc	e Beginning This Period		Transacti	ion ID: SD10.6536
	477.00			
A 1	wad This Davied	December This Decided	Outstanding D. I	anne at Class of This Book I
Amount Incu	rred This Period	Payment This Period	Outstanding Bal	ance at Close of This Period
	0.00	0.00		477.00
			-	
1) SUBTOTALS This P	eriod This Page (optional)		• [, , ,	1106.77
	<u> </u>			
2) TOTALS This Period	(last page this line number o	only)		
3) TOTAL OUTSTANDIN	NG LOANS from Schedu	le C (last page only)		
4) ADD 2) and 3) and c	arry forward to appropriate li	ne of Summary Page (last page only)		

(Use separate schedule(s) for each

PAGE 21 / 25 FOR LINE NUMBER: (check only one) 9

Exc	luding	Loans
	iuuiiig	LUali

1199 SERVICE EMPL	OYFFS INT'I	UNION FEDERAL	POLITICAL	ACTION FUND

Excluding Loans	na	X 10	
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION	I FEDERAL POLITICAL ACTION FUN	D	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD		Nature of Debt (Purpose): TRAVEL EXPENSES	
Mailing Address P.O. BOX 88000			
City State BALTIMORE MD	ZIP Code 21288	_	
Outstanding Balance Beginning This Period		Transaction ID: SD10.6537	
524.80			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	524.80	
B. Full Name (Last, First, Middle Initial) of Debt UNION TRAVEL MASTERCARD	tor or Creditor	Nature of Debt (Purpose): CATERING EXPENSES	
Mailing Address P.O. BOX 88000			
City State BALTIMORE MD	ZIP Code 21288		
Outstanding Balance Beginning This Period		Transaction ID: SD10.6538	
1115.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1115.00	
C. Full Name (Last, First, Middle Initial) of Debt UNION TRAVEL MASTERCARD	tor or Creditor	Nature of Debt (Purpose): TRAVEL EXPENSES	
Mailing Address P.O. BOX 88000			
City State BALTIMORE MD	ZIP Code 21288	_	
Outstanding Balance Beginning This Period		Transaction ID: SD10.6539	
419.84			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	419.84	
1) SUBTOTALS This Period This Page (optional)	2059.64	
2) TOTALS This Period (last page this line number	,	>	
, , , ,	dule C (last page only)	>	
	e line of Summary Page (last page only)	•	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

(Use separate schedule(s) for each

PAGE 22 / 25 FOR LINE NUMBER: (check only one)

Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE	,			
1199 SERVICE EMPI	LOYEES INT'L UNION F	EDERAL POLITICAL ACTION F	FUND	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor				ebt (Purpose):
UNION TRAVEL M	MASTERCARD		TRANSPO	PRTATION COSTS
Mailing Address D.(2 POV 99999			
Mailing Address P.(J. BUX 00000			
City	State	ZIP Code		
BÁLTIMORE	MD	21288		
Outstanding Baland	ce Beginning This Period		Tran	saction ID: SD10.6545
Cultural and Education			IIaii	isaction ib. OD 10.0040
	539.45			
Amount Inc	urred This Period	Payment This Period	Outstandin	g Balance at Close of This Period
	0.00	0.00		539.45
	0.00	0.00		303.43
R Full Name (Last I	First, Middle Initial) of Debtor	or Creditor	Nature of Do	ebt (Purpose):
UNION TRAVEL M		or creator		EXPENSES
	- -			
Mailing Address P.(O. BOX 88000			
City	State	ZIP Code		
BALTIMORE	MD	21288		
Outstanding Baland	ce Beginning This Period		Tran	saction ID: SD10.6546
	2552.60			
		B	0	D
Amount Inci	urred This Period	Payment This Period	Outstandin	g Balance at Close of This Period
	0.00	0.00	.	2552.60
	First, Middle Initial) of Debtor	or Creditor		ebt (Purpose):
UNION TRAVEL M	MASTERCARD		CATERING	G EXPENSES
Mailing Adduses D	2. DOV 00000			
Mailing Address P.(J. BOX 88000			
City	State	ZIP Code		
BALTIMORE	MD	21288		
Outstanding Raland	ce Beginning This Period		Tran	saction ID: SD10.6548
Odiotaliding Dalant			ıran	13aCtion ID. 3D 10.0340
	3224.16			
Amount Inc	urred This Period	Payment This Period	Outstandin	g Balance at Close of This Period
	0.00	0.00		3224.16
	0.00	0.00		0224.10
1) SUBTOTALS This I	Period This Page (optional)		•	6316.21
,	9- (-p 1)			
2) TOTALS This Period	d (last page this line number of	only)	>	494470.72
			0.00	
3) TOTAL OUTSTAND	ING LOANS from Schedu	lle C (last page only)	>	U.UU
4) ADD 0) 10)	anniformation of the state of t	ing of Commence Description	_	494470.72
4) AUU 2) and 3) and	carry torward to appropriate I	ine of Summary Page (last page only)		4944/0./2

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EX	PENDITURI	ES		PAGE 23 / 25 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
1199 SERVICE EMPLOYEES INT'L UNION F AL ACTION FUND	EDERAL POLITIC	D-		C C00348540
	hour notice			C cost is it
Full Name (Last, First, Middle, Initial) of Pa			Date	
KNICKERBOCKER SKD	,00		M M /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 594 BROADWAY, SUITE 610			Amount	0000 00
				8000.00
City	State	Zip Code		on ID: SE.8109
NEW YORK	NY	10012	Office Sough	
Purpose of Expenditure IE TV BUY		Category/ Type]	Senate District: 23 Presidential
Name of Federal Candidate supported or C	pposed by expend	! iture:	Check One:	X Support Oppose
BILL OWENS			Disbursemen	nt For: Primary General
			X Oth	er (specify) : Special-General
Calendar Year-To-Date Per Election for Office Sought	L	8000.00	2009	· · · //
Full Name (Last, First, Middle, Initial) of Pa	yee		Date	
SEIU COMMUNICATIONS CENTER INC			0 1 /	1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
330 WEST 42ND STREET			Transaction	74250.00 on ID: SE.7358
City	State	Zip Code		
NEW YORK	NY	10036	Office Sough	t: House State: MA X Senate District:
Purpose of Expenditure		Category/	7	Presidential
ROBO CALLS		Туре	_	
Name of Federal Candidate supported or C	pposed by expendi	iture:	Check One:	X Support Oppose
MARTHA COAKLEY			Disbursemen	nt For: Primary General
				•
Calendar Year-To-Date Per Election		74250.00	2010	er (specify) : <u>Special</u> -General
for Office Sought		74230.00		[MEMO ITEM]
(a) SUBTOTAL of Itemized Independent Expo	enditures			8000.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate of committee) any political party committee or its age	r authorized committ			
		M ° M	D D	Y " Y " Y " Y
KEVIN FINNEGAN		Date 0 2		2010
Signature				

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE 24 / 25
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC-	FEC IDENTIFICATION NUMBER
AL ACTION FUND	C C00348540
Check if 24-hour notice 48-hour notice	Date
Full Name (Last, First, Middle, Initial) of Payee	Date M M / D D / Y Y Y Y
SQUIER KNAPP & DUNN COMMUNICATIONS INC	01 15 2010
Mailing Address 1818 N STREET NW	Amount
1010 N STREET NVV	6100.00
City State Zip Code	Transaction ID: SE.8119
WASHINGTON DC 20036	Office Sought: X House State: NY
Purpose of Expenditure Category/	Senate District: 23 Presidential
PRODUCTION - TV SPOT	Fresidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BILL OWENS	Disbursement For: Primary General
	X Other (specify) : Special-General
Calendar Year-To-Date Per Election 8000.00	2009 [MEMO ITEM]
for Office Sought	[MEMOTIEM]
Full Name (Last, First, Middle, Initial) of Payee	Date
SQUIER KNAPP & DUNN COMMUNICATIONS INC	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	Amount
1818 N STREET NW	6100.00
	Transaction ID: SE.8121
City State Zip Code	Office Sought: X House State: NY
WASHINGTON DC 20036	Senate District: 23
Purpose of Expenditure PRODUCTION - TV SPOT	Presidential
Туре	Charle Once Cunnert Co
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BILL OWENS	Disbursement For: Primary General
Calendar Year-To-Date Per Election	X Other (specify) : Special-General
for Office Sought	2009
Tor Office Googni	
(a) SUBTOTAL of Itemized Independent Expenditures	6100.00
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPENDITURES	
(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 or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
KEVIN FINNEGAN Date 0 2	18 2010
Signature	

 $\textbf{A.} \hspace{0.2cm} \textbf{Form/Schedule: } \textbf{SE}$

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.

Transaction ID : CE 0110 SQUIER KNAP