

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

Office Use Only

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

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

ADDRESS (number and street)

330 WEST 42ND STREET, 7TH FLOOR

☐Check if different
than previously
reported. (ACC)

NEW YORK

NY

10036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00348540

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2007

through

06

30

2007

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

PATRICK GASPARD

Signature of Treasurer

Electronically Filed by PATRICK GASPARD

Date

07

31

2007

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. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2007		129743.91
(b) Cash on Hand at Beginning of Reporting Period	129743.91	
(c) Total Receipts (from Line 19)	2957834.68	2957834.68
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3087578.59	3087578.59
7. Total Disbursements (from Line 31)	2631759.84	2631759.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	455818.75	455818.75
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ 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. 02/2003)

Page 3

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period:

From:

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

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 7

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	993.00	993.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	2956841.68	2956841.68
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	2957834.68	2957834.68
(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) ➡	2957834.68	2957834.68
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2957834.68	2957834.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2957834.68	2957834.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2310.00	2310.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	2310.00	2310.00
22. Transfers to Affiliated/Other Party Committees.....	2628830.59	2628830.59
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
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	0.00	0.00
(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))	0.00	0.00
29. Other Disbursements.....	619.25	619.25
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))..	2631759.84	2631759.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2631759.84	2631759.84

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	2957834.68	2957834.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2957834.68	2957834.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2310.00	2310.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2310.00	2310.00

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

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

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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

A. Full Name (Last, First, Middle Initial) NUBIA BUITRAGO		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 37-31 73RD STREET APT. 9N		Transaction ID: SA11A1.5067
City JACKSON HEIGHTS	State NY	Zip Code 11372
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 43.00
Name of Employer PARTNERS IN CARE	Occupation HOME HEALTH AIDE	PAYROLL DEDUCTION OF \$43 PER MONTH
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

B. Full Name (Last, First, Middle Initial) RACHEMINE CAILLO		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 470 OCEAN AVENUE APT. RB4		Transaction ID: SA11A1.5070
City BROOKLYN	State NY	Zip Code 11226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer HIGHLAND CARE CENTER	Occupation DIET AIDE	PAYROLL DEDUCTIONS OF \$40 PER MONTH
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C. Full Name (Last, First, Middle Initial) MICHELLE COLES		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 17106 108TH AVENUE		Transaction ID: SA11A1.5074
City JAMAICA	State NY	Zip Code 11433
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer UNKNOWN	Occupation UNKNOWN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)

203.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) NOREEN EMANUEL		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 16708 109TH ROAD		Transaction ID: SA11A1.5077
City JAMAICA	State NY	Zip Code 11433
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer HIGHLAND CARE CENTER	Occupation AIDE	PAYROLL DEDUCTION OF \$40 PER MONTH
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B. Full Name (Last, First, Middle Initial) ROSEMARIE GLOVER		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 2915 CLUTE ROAD		Transaction ID: SA11A1.5079
City CORTLAND	State NY	Zip Code 13045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer COMMUNITY GENERAL HOSPITAL	Occupation REGISTERED NURSE	PAYROLL DEDUCTION OF \$40 PER MONTH
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C. Full Name (Last, First, Middle Initial) GERARD NORDENBERG		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 100 MIDDLETON ROAD APT. 29		Transaction ID: SA11A1.5081
City BOHEMIA	State NY	Zip Code 11716-3923
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer 1199 SEIU	Occupation VICE PRESIDENT	PAYROLL DEDUCTION OF \$50 PER MONTH
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) UNA PETIONI		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address PO BOX 350203		Transaction ID: SA11A1.5082
City JAMAICA	State NY	Zip Code 11435
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 460.00
Name of Employer RETIREE	Occupation RETIREE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

B. Full Name (Last, First, Middle Initial) REGINA YARD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 7
Mailing Address 144-17 155TH STREET		Transaction ID: SA11A1.5086
City JAMAICA	State NY	Zip Code 11434
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer HOLLISWOOD HOSPITAL	Occupation REGISTERED NURSE	PAYROLL DEDUCTION OF \$100 PER MONTH
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) REGINA YARD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 144-17 155TH STREET		Transaction ID: SA11A1.5087
City JAMAICA	State NY	Zip Code 11434
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer HOLLISWOOD HOSPITAL	Occupation REGISTERED NURSE	PAYROLL DEDUCTION OF \$100 PER MONTH
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)

660.00

TOTAL This Period (last page this line number only)

993.00

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 NEW YORK State NY Zip Code 10016

Purpose of Disbursement
ACCOUNTING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5091

Date of Disbursement

/ /

Amount of Each Disbursement this Period

970.00

B. Full Name (Last, First, Middle Initial)
HOROWITZ & ULLMANN, P.C.

Mailing Address 275 MADISON AVENUE
SUITE 902

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
ACCOUNTING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5120

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1340.00

SUBTOTAL of Disbursements This Page (optional)

2310.00

TOTAL This Period (last page this line number only)

2310.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.5094

Date of Disbursement

/ /

Amount of Each Disbursement this Period

148481.66

Full Name (Last, First, Middle Initial)

B. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.5096

Date of Disbursement

/ /

Amount of Each Disbursement this Period

207113.05

Full Name (Last, First, Middle Initial)

C. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.5097

Date of Disbursement

/ /

Amount of Each Disbursement this Period

284096.55

SUBTOTAL of Disbursements This Page (optional)

639691.26

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" 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

Full Name (Last, First, Middle Initial)

A. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.5109

Date of Disbursement

/ /

Amount of Each Disbursement this Period

175176.71

Full Name (Last, First, Middle Initial)

B. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.5111

Date of Disbursement

/ /

Amount of Each Disbursement this Period

312109.16

Full Name (Last, First, Middle Initial)

C. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.5113

Date of Disbursement

/ /

Amount of Each Disbursement this Period

482110.89

SUBTOTAL of Disbursements This Page (optional)

969396.76

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)

PAGE 12 / 18

<input type="checkbox"/> 21b	<input checked="" 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

Full Name (Last, First, Middle Initial)

A. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.5114

Date of Disbursement

/ /

Amount of Each Disbursement this Period

158206.47

Full Name (Last, First, Middle Initial)

B. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.5118

Date of Disbursement

/ /

Amount of Each Disbursement this Period

280752.52

Full Name (Last, First, Middle Initial)

C. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.5119

Date of Disbursement

/ /

Amount of Each Disbursement this Period

70188.13

SUBTOTAL of Disbursements This Page (optional)

509147.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" 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

Full Name (Last, First, Middle Initial)

A. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB22.5121

Date of Disbursement

/ /

Amount of Each Disbursement this Period

230742.66

Full Name (Last, First, Middle Initial)

B. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB22.5126

Date of Disbursement

/ /

Amount of Each Disbursement this Period

279852.79

SUBTOTAL of Disbursements This Page (optional)

510595.45

TOTAL This Period (last page this line number only)

2628830.59

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. 1199 CREDIT UNION

Mailing Address 310 W 43 RD STREET

City State Zip Code
 NEW YORK NY 10036

Purpose of Disbursement
 REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5107

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

Full Name (Last, First, Middle Initial)

B. 1199 SEIU MASSACHUSETTS PAC

Mailing Address 330 W 42ND STREET, 7 FL

City State Zip Code
 NEW YORK NY 10036

Purpose of Disbursement
 REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5088

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. 1199 SEIU MASSACHUSETTS PAC

Mailing Address 330 W 42ND STREET, 7 FL

City State Zip Code
 NEW YORK NY 10036

Purpose of Disbursement
 REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5092

Date of Disbursement

/ /

Amount of Each Disbursement this Period

62.75

SUBTOTAL of Disbursements This Page (optional)

322.75

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. LAWRENCE BARMORE

Mailing Address 1218 SAINT LAWRENCE AVE.

City State Zip Code
BRONX NY 10472

Purpose of Disbursement
REFUND OF EMPLOYER REMIT IN ERROR

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5123

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. COMMERCE BANK

Mailing Address 1710 ROUTE 70 EAST

City State Zip Code
CHERRY HILL NJ 08034

Purpose of Disbursement
BANK CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5129

Date of Disbursement

/ /

Amount of Each Disbursement this Period

110.00

Full Name (Last, First, Middle Initial)

C. LORRAINE FLORES

Mailing Address 2440 BRONX PARK EAST #D2

City State Zip Code
BRONX NY 10467

Purpose of Disbursement
REFUND OF EMPLOYER REMIT IN ERROR

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5124

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

170.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. STEPHANIE KNIGHT

Mailing Address 938 SAINT NICHOLAS AVENUE
APT 4-7

City NEW YORK State NY Zip Code 10032

Purpose of Disbursement
REFUND OF EMPLOYER REMIT IN ERROR

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5115

Date of Disbursement

/ /

Amount of Each Disbursement this Period

17.50

Full Name (Last, First, Middle Initial)

B. LOUDRENA MCDANIEL

Mailing Address 724 SHEPPARD AVENUE

City BROOKLYN State NY Zip Code 11205

Purpose of Disbursement
REFUND OF EMPLOYER REMIT IN ERROR

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5127

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. DIANE MENDOLIA

Mailing Address 7121 260TH STREET

City GLEN OAKS State NY Zip Code 11004

Purpose of Disbursement
REFUND OF EMPLOYER REMIT IN ERROR

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5122

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)

62.50

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:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. RAFAEL REYES

Mailing Address 148-07 88TH AVENUE
#BG

City JAMAICA State NY Zip Code 11435

Purpose of Disbursement
REFUND OF EMPLOYER REMIT IN ERROR

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5098

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. FAITH ROBINSON

Mailing Address 16311 ROUTE 31

City HOLLEY State NY Zip Code 14470

Purpose of Disbursement
REFUND OF EMPLOYER REMIT IN ERROR

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5116

Date of Disbursement

/ /

Amount of Each Disbursement this Period

24.00

Full Name (Last, First, Middle Initial)

C. DEBRA ZACCAGNINO

Mailing Address 40 SARAH LANE

City MIDDLETOWN State NY Zip Code 10941

Purpose of Disbursement
REFUND OF EMPLOYER REMIT IN ERROR

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.5089

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)

44.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. DEBRA ZACCAGNINO

Mailing Address 40 SARAH LANE

City
MIDDLETOWN

State
NY

Zip Code
10941

Purpose of Disbursement
REFUND OF EMPLOYER REMIT IN ERROR

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.5110

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	7	

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)

20.00

TOTAL This Period (last page this line number only)

619.25