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 🛋 CITY A IS THIS **AMENDED** NEW C00348540 Х 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) (c) 12-Day 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 Х (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2007 06 30 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. PATRICK GASPARD Type or Print Name of Treasurer Electronically Filed by PATRICK GASPARD 07 3 1 2007 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. 02/2003) Only

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

Page 2

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND [®] D " D 0 1 0 1 2007 0.6 3 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand [°]2007 129743.91 January 1 (b) Cash on Hand at 129743.91 Begining of Reporting Period 2957834.68 2957834.68 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 3087578.59 3087578.59 6(a) and 6(c) for Column B) 2631759.84 2631759.84 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 455818.75 455818.75 (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 0.00 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

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

0 1 м N 0 1 м м 0 6 2007 3 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 993.00 993.00 (i) Itemized (use Schedule A) 2956841.68 2956841.68 (ii) Unitemized (iii) TOTAL (add 2957834.68 2957834.68 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 2957834.68 2957834.68 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 2957834.68 2957834.68 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 2957834.68 2957834.68 (subtract Line 18(c) from Line 19)

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 2310.00 2310.00 Expenditures..... (c) Total Operating Expenditures 2310.00 2310.00 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 2628830.59 2628830.59 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 0.00 0.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 619.25 619.25 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 2631759.84 2631759.84 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)

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
	ontributions (other than loans) ne 11(d), page 3)	2957834.68	2957834.68
	ontribution Refunds ine 28(d))	0.00	0.00
	ntributions (other than loans) ct Line 34 from Line 33)	2957834.68	2957834.68
	ederal Operating Expenditures ne 21(a)(i) and Line 21(b))	2310.00	2310.00
	to Operating Expenditures ine 15, page 3)	0.00	0.00
•	erating Expenditures ct Line 37 from Line 36)	2310.00	2310.00

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 6 / 18								
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)							
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Ar	y information copied from such Reports and Sta	itements may	not be sold or used by any perso								
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full)										
	1199 SERVICE EMPLOYEES INT'L UN	ION FEDE	RAL POLITICAL ACTION F	ND							
Α.	Full Name (Last, First, Middle Initial) NUBIA BUITRAGO										
	Mailing Address 37-31 73RD STREET APT. 9N			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID: SA11A1.5067							
	JACKSON HEIGHTS	NY	11372	Amount of Each Receipt this Period							
	FEC ID number of contributing										
	federal political committee.	C		43.00							
	Name of Employer PARTNERS IN CARE	Occupation	1 EALTH AIDE	PAYROLL DEDUCTION OF \$43 PER MONTH							
	Receipt For:		Year-to-Date ▼	-							
	Primary General	7.99.094.0		1							
	Other (specify)		215.00								
В.	Full Name (Last, First, Middle Initial) RACHEMINE CAILLO			Date of Receipt							
	Mailing Address 470 OCEAN AVENUE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	APT. RB4	State	Zip Code								
	BROOKLYN	NY	11226	Amount of Each Receipt this Period							
	FEC ID number of contributing										
	federal political committee.	C		40.00							
	Name of Employer	Occupation	 1	PAYROLL DEDUCTIONS OF \$40 PER MONTH							
	Name of Employer HIGHLAND CARE CENTER	DIET AID		FER MONTH							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	' '	210.00								
	Other (specify) ▼	1 1	210.00								
<u> </u>	Full Name (Last, First, Middle Initial) MICHELLE COLES			Date of Receipt							
	Mailing Address 17106 108TH AVENUE			M M / D D / Y Y Y Y							
	Cit.	04-4-	7in Onda	02 28 2007							
	City JAMAICA	State NY	Zip Code 11433	Transaction ID: SA11A1.5074							
			11433	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		120.00							
	Name of Employer UNKNOWN	Occupation									
	Receipt For:	1	Year-to-Date ▼	\dashv							
	Primary General	, iggregate		1							
	Other (specify) ▼		240.00								
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				203.00							
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	Check only one)						
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\setminus	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UN	IION FEDE	RAL POLITICAL ACTION F	UND						
Α.	Full Name (Last, First, Middle Initial) NOREEN EMANUEL Mailing Address 16708 109TH ROAD			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City JAMAICA	State NY	Zip Code 11433	Transaction ID: SA11A1.5077 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		40.00						
	Name of Employer HIGHLAND CARE CENTER	Occupation	1	PAYROLL DEDUCTION OF \$40 PER MONTH						
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 210.00							
В.	Full Name (Last, First, Middle Initial) ROSEMARIE GLOVER Mailing Address 2915 CLUTE ROAD			Date of Receipt						
	City	State	Zip Code	0 5 3 1 2 0 0 7 Transaction ID: SA11A1.5079						
	CORTLAND	NY	13045	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		40.00						
	Name of Employer COMMUNITY GENERAL HOSPITAL	Occupation REGISTI	n ERED NURSE	PAYROLL DEDUCTION OF \$40 PER MONTH						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) GERARD NORDENBERG			Date of Receipt						
	Mailing Address 100 MIDDLETON ROA APT. 29	D		05 31 YYYYY 2007						
	City BOHEMIA	State NY	Zip Code 11716-3923	Transaction ID: SA11A1.5081 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		50.00						
	1100 CEILL' 1		n ESIDENT	PAYROLL DEDUCTION OF \$50 PER MONTH						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
s	UBTOTAL of Receipts This Page (optional)			130.00						
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TOTAL This Period (last page this line number only)

PAGE 8 / 18 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 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 Full Name (Last, First, Middle Initial) UNA PETIONI Date of Receipt Mailing Address PO BOX 350203 2007 3 1 Zip Code City State Transaction ID: SA11A1.5082 **JAMAICA** NY 11435 Amount of Each Receipt this Period FEC ID number of contributing 460.00 C federal political committee. Name of Employer RETIREE Occupation **RETIREE** Aggregate Year-to-Date ▼ Receipt For: Primary General 460.00 Other (specify) Full Name (Last, First, Middle Initial) B. REGINA YARD Date of Receipt Mailing Address 144-17 155TH STREET 03 3 1 2007 City Zip Code State Transaction ID: SA11A1.5086 **JAMAICA** NY 11434 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. PAYROLL DEDUCTION OF \$100 PER MONTH Name of Employer HOLLISWOOD HOSPITAL Occupation REGISTERED NURSE Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) C. REGINA YARD Date of Receipt Mailing Address 144-17 155TH STREET 0.4 30 2007 Citv State Zip Code Transaction ID: SA11A1.5087 **JAMAICA** NY Amount of Each Receipt this Period FEC ID number of contributing 100.00 C federal political committee. PAYROLL DEDUCTION OF \$100 PER MONTH Name of Employer HOLLISWOOD HOSPITAL Occupation REGISTERED NURSE Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 660.00 SUBTOTAL of Receipts This Page (optional)

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	Candidate Name		Category/ Type	
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	State: District:			
В.	Full Name (Last, First, Middle Initial) HOROWITZ & ULLMANN, P.C.			Transaction ID: SB21B.5120 Date of Disbursement
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	Candidate Name		Category/ Type	
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SUBTOTAL of Disbursements This Page (optional)	<u> </u>	2310.00
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District:

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SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	-	INE NUMBER: PAGE 10 / 18							
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	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNIO	ON FL	JND			
Α.	Full Name (Last, First, Middle Initial) SEIU COPE FUND					Transaction ID: SB22.5121 Date of Disbursement 0 5 M / D 1 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1313 L STREET, NW					05 17 2007
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	Mailing Address 1218 SAINT LAWRENCE	E AVE.			05							
		State Zip Code NY 10472			A	mount	of Each	Disburs	ement	this P	eriod	
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3.	Full Name (Last, First, Middle Initial) COMMERCE BANK						tion ID: Disburse	SB29.5 ement	5129			
	Mailing Address 1710 ROUTE 70 EAST					06 0 7 0 7 0 7 0 7 0 7 0 0 7						
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	Mailing Address 2440 BRONX PARK EAS					0 5			_	0 ŏ 7		
		State Zip Code NY 10467			_ A	mount	of Each	Disburs	ement		-	
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٦.	STEPHANIE KNIGHT				I		f Disbu			v • v	V	V	
	Mailing Address 938 SAINT NICHOLAS APT 4-7	AVENUE				0"5 "	,	0 2		<u>'</u> 2	0 ŏ 7		
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3.	LOUDRENA MCDANIEL					Transaction ID: SB29.5127 Date of Disbursement							
	Mailing Address 724 SHEPPARD AVENUE					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							
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Э.	DIANE MENDOLIA					Date o	f Disbu						
	Mailing Address 7121 260TH STREET					0 5	/ /	1 8		ž	0 ŏ 7	Y	
	City GLEN OAKS	State Zip Code NY 11004			,	Amour	nt of Ea	ach D	isburse	ement		-	7
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3.	FAITH ROBINSON						Date o	of Di	sburse	ement			14	
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).	DEBRA ZACCAGNINO								sburse		,000			
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۹.	DEBRA ZACCAGNINO			Date of Disbursement							
	Mailing Address 40 SARAH LANE			03							
	City MIDDLETOWN	State Zip Code NY 10941		Amount of Each Disbursement this Period							
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