

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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 ▲

C C00348540

3. IS THIS
REPORTNEW
(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
Year-End 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 (12S)

Election on

M M M / D D D / Y Y Y Y Y Y
04 30 2013in the
State of

MA

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2013

through

M M M / D D D / Y Y Y Y Y Y
04 10 2013

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

Type or Print Name of Treasurer KEVIN FINNEGAN

Signature of Treasurer

KEVIN FINNEGAN

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 18 2013

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
04 / 10 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		426092.92
(b) Cash on Hand at Beginning of Reporting Period.....	426092.92	
(c) Total Receipts (from Line 19)	2041841.61	2041841.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2467934.53	2467934.53
7. Total Disbursements (from Line 31)	1129085.96	1129085.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1338848.57	1338848.57
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)	735124.72	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	3

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	518.00	518.00
(ii) Unitemized	2041038.29	2041038.29
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	2041556.29	2041556.29
(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)	2041556.29	2041556.29
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.).....	285.32	285.32
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 Transfers (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))	2041841.61	2041841.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2041841.61	2041841.61

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) Allocated 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	2265.00	2265.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2265.00	2265.00
22. Transfers to Affiliated/Other Party Committees.....	1000000.00	1000000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	123814.71	123814.71
25. Coordinated Party Expenditures (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	1165.40	1165.40
(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)).....	1165.40	1165.40
29. Other Disbursements	1840.85	1840.85
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	1129085.96	1129085.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1129085.96	1129085.96

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)	2041556.29	2041556.29
34. Total Contribution Refunds (from Line 28(d))	1165.40	1165.40
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2040390.89	2040390.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2265.00	2265.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2265.00	2265.00

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

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

FOR LINE NUMBER: PAGE 6 OF 33
(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

Full Name (Last, First, Middle Initial)

A. MITRA BEHROOZI

Mailing Address 123 LINCOLN PLACE

City State Zip Code
BROOKLYN NY 11217

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Benefit Fund-1199

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : SA11AI.12151

Amount of Each Receipt this Period

150.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. HALLE RUSSELL-WEBSTER

Mailing Address 345 LONGMEADOW ROAD

City State Zip Code
AMHERST NY 14226

FEC ID number of contributing
federal political committee.

C

Name of Employer

KALEIDA HEALTH

Occupation

NUTRITIONAL SERVICE WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2013

Transaction ID : SA11AI.12152

Amount of Each Receipt this Period

276.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. HALLE RUSSELL-WEBSTER

Mailing Address 345 LONGMEADOW ROAD

City State Zip Code
AMHERST NY 14226

FEC ID number of contributing
federal political committee.

C

Name of Employer

KALEIDA HEALTH

Occupation

NUTRITIONAL SERVICE WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : SA11AI.12153

Amount of Each Receipt this Period

92.00

PAYROLL DEDUCTION

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

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

518.00

518.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.12153

The figure on line 11(a)(ii) of the Detailed Summary Page on the Committee's April Pre-Primary Special Report does not include any receipts from a single source that aggregate greater than \$200 in this calendar year

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 33

☐ 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

Full Name (Last, First, Middle Initial)

A. TD BANK

Mailing Address 1710 ROUTE 70 EAST

City State Zip Code
CHERRY HILL NJ 08034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

63.77

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2013

Transaction ID : SA17.12126

Amount of Each Receipt this Period

63.77

INTEREST INCOME

Full Name (Last, First, Middle Initial)

B. TD BANK

Mailing Address 1710 ROUTE 70 EAST

City State Zip Code
CHERRY HILL NJ 08034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

159.14

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : SA17.12127

Amount of Each Receipt this Period

95.37

INTEREST INCOME

Full Name (Last, First, Middle Initial)

C. TD BANK

Mailing Address 1710 ROUTE 70 EAST

City State Zip Code
CHERRY HILL NJ 08034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.32

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 29 / 2013

Transaction ID : SA17.12128

Amount of Each Receipt this Period

126.18

INTEREST INCOME

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

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

285.32

285.32

<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

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

The image shows three 3x3 grids, each representing a number using the 26-letter alphabet. The first grid shows '01' with 'M' in the top-left and top-right positions. The second grid shows '03' with 'D' in the top-left and top-right positions. The third grid shows '2013' with 'Y' in the top-left, top-middle, top-right, and middle-right positions.

1255.00

State: District:

1010.00

State: District:

State: District:

2265.00

2265.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 33

<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
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2013

Transaction ID : SB22.12144

Amount of Each Disbursement this Period

1000000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000000.00

1000000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 33

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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. DEPARTMENT OF HEALTH

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2013

Mailing Address 1 CENTER STREET

City	State	Zip Code
NEW YORK	NY	10007

Transaction ID : SB28A.12143Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

710.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. HALLE RUSSELL-WEBSTER

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2013

Mailing Address 345 LONGMEADOW ROAD

City	State	Zip Code
AMHERST	NY	14226

Transaction ID : SB28A.12145Purpose of Disbursement
REFUND OF CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

455.40

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1165.40
1165.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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. 1199 SEIU DUES ACCOUNT

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City	State	Zip Code
NEW YORK	NY	10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2013

Transaction ID : SB29.12135

Amount of Each Disbursement this Period

327.07

Full Name (Last, First, Middle Initial)

B. 1199 SEIU DUES ACCOUNT

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City	State	Zip Code
NEW YORK	NY	10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2013

Transaction ID : SB29.12136

Amount of Each Disbursement this Period

402.30

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

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2013

Transaction ID : SB29.12147

Amount of Each Disbursement this Period

438.48

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1167.85

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 33

<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. DEPARTMENT OF THE TREASURY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2013

Mailing Address INTERNAL REVENUE SERVICE CENTER

City	State	Zip Code
OGDEN	UT	84201

Transaction ID : SB29.12148Purpose of Disbursement
INCOME TAXES - 2012

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

673.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

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

673.00

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

1840.85

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

PAGE 14 OF 33

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIUNature of Debt (Purpose):
STAFF SALARIES

Mailing Address 330 WEST 42ND STREET

City State

NEW YORK

Zip Code

NY

10036

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.12155

Amount Incurred This Period

32560.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

32560.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIUNature of Debt (Purpose):
STAFF SALARIES

Mailing Address 330 WEST 42ND STREET

City State

NEW YORK

Zip Code

NY

10036

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.12156

Amount Incurred This Period

9465.92

Payment This Period

0.00

Outstanding Balance at Close of This Period

9465.92

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):
REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

NEW YORK

State

NY

Zip Code

10036

Outstanding Balance Beginning This Period

8091.98

Transaction ID : SD10.6240

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8091.98

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

50117.90

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

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

PAGE 15 OF 33

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

65588.32

Transaction ID : SD10.6241

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

65588.32

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

14545.49

Transaction ID : SD10.6242

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14545.49

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

3157.42

Transaction ID : SD10.6243

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3157.42

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

83291.23

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

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

56833.56

Transaction ID : SD10.6244

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

56833.56

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

82522.06

Transaction ID : SD10.6245

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

82522.06

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

78033.76

Transaction ID : SD10.6246

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

78033.76

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

217389.38

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

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

PAGE 17 OF 33

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

2812.96

Transaction ID : SD10.6247

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2812.96

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

5095.64

Transaction ID : SD10.6248

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5095.64

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

12962.04

Transaction ID : SD10.6249

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12962.04

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

20870.64

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

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

PAGE 18 OF 33

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

10997.70

Transaction ID : SD10.6284

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10997.70

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

7231.75

Transaction ID : SD10.6285

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7231.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

3434.67

Transaction ID : SD10.6286

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3434.67

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

21664.12

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

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

16789.92

Transaction ID : SD10.6287

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16789.92

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

9286.03

Transaction ID : SD10.6288

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9286.03

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

13004.52

Transaction ID : SD10.11208

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13004.52

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

39080.47

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

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

NEW YORK

Zip Code

NY

10036

Outstanding Balance Beginning This Period

20006.45

Transaction ID : SD10.11209

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20006.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City State

NEW YORK

Zip Code

NY

10036

Outstanding Balance Beginning This Period

18904.21

Transaction ID : SD10.11206

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18904.21

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Nature of Debt (Purpose):

REIMBURSE STAFF SALARIES AND
BENEFITS

Mailing Address 330 WEST 42ND STREET

City

NEW YORK

State

NY

Zip Code

10036

Outstanding Balance Beginning This Period

188588.83

Transaction ID : SD10.11207

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

188588.83

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

227499.49

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

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

PAGE 21 OF 33

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AMERICAN EXPRESSNature of Debt (Purpose):
CATERING

Mailing Address P.O. BOX 2855

City State

NEW YORK

Zip Code

NY

10116-2855

Outstanding Balance Beginning This Period

240.00

Transaction ID : SD10.6289

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

240.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AVIS RENT A CAR SYSTEM, INC.Nature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address 7876 COLLECTIONS CTR DRIVE

City State

CHICAGO

Zip Code

IL

60693

Outstanding Balance Beginning This Period

1156.12

Transaction ID : SD10.6540

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1156.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

JENNY BAUERNature of Debt (Purpose):
REIMBURSEMENT FOR CATERING
EXPENSES

Mailing Address 2 WILCOTT PARK

City

MEDFORD

State

MA

Zip Code

02155

Outstanding Balance Beginning This Period

43.65

Transaction ID : SD10.6541

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

43.65

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

1439.77

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

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

PAGE 22 OF 33

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LILLIAN CARINO

Nature of Debt (Purpose):

**REIMBURSEMENT FOR TRAVEL
EXPENSES**Mailing Address 327 SAINT NICHOLAS AVENUE
APT. 2NCity State Zip Code
NEW YORK NY 10027-3609

Outstanding Balance Beginning This Period

45.00

Transaction ID : SD10.6508

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ENTERPRISE RENT-A-CAR

Nature of Debt (Purpose):

RENTAL VEHICLE

Mailing Address P.O. BOX 840173

City State Zip Code
KANSAS CITY MO 64184-0173

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.12157

Amount Incurred This Period

6277.88

Payment This Period

0.00

Outstanding Balance at Close of This Period

6277.88

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MACK CROUNSE GROUP

Nature of Debt (Purpose):

MAILINGS

Mailing Address 2001 N. BEAUREGARD ST., STE 420

City State Zip Code
ALEXANDRIA VA 22311

Outstanding Balance Beginning This Period

1606.34

Transaction ID : SD10.8322

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1606.34

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

7929.22

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

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

PAGE 23 OF 33

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MACK CROUNSE GROUPNature of Debt (Purpose):
MAILINGS

Mailing Address 2001 N. BEAUREGARD ST., STE 420

City State

ALEXANDRIA

Zip Code

VA 22311

Outstanding Balance Beginning This Period

1606.34

Transaction ID : SD10.8323

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1606.34

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NOVAK MEDIA INC.

Nature of Debt (Purpose):

RADIO BUY & PRODUCTION

Mailing Address 159 WEST MAIN STREET

City State

WEBSTER

Zip Code

NY 14580

Outstanding Balance Beginning This Period

18850.00

Transaction ID : SD10.7361

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18850.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ANTONELLA PECHTEL

Nature of Debt (Purpose):

REIMBURSEMENT CATERING EXPENSE

Mailing Address 401 ROSE AVE

City State Zip Code

SCHENECTADY

NY

12308

Outstanding Balance Beginning This Period

201.39

Transaction ID : SD10.6531

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

201.39

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

20657.73

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

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

PAGE 24 OF 33

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU COMMUNICATIONS CENTER LLC.

Nature of Debt (Purpose):
ROBO CALLS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

4372.06

Transaction ID : SD10.7362

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4372.06

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU COMMUNICATIONS CENTER LLC.

Nature of Debt (Purpose):
PHONE BANK CALLS

Mailing Address 330 WEST 42ND STREET

City State

Zip Code

NEW YORK

NY

10036

Outstanding Balance Beginning This Period

22157.25

Transaction ID : SD10.8325

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

22157.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SVM, LP

Nature of Debt (Purpose):
GAS CARDS

Mailing Address 185 N. FRANKLIN ST REET

City

State

Zip Code

CHICAGO

IL

60606

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.12158

Amount Incurred This Period

726.26

Payment This Period

0.00

Outstanding Balance at Close of This Period

726.26

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

27255.57

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

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

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

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

PAGE 25 OF 33

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

1897.47

Transaction ID : SD10.6517

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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 State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

1849.15

Transaction ID : SD10.6518

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1849.15

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
BEVERAGE EXPENSES

Mailing Address P.O. BOX 88000

City

State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

835.02

Transaction ID : SD10.6519

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

835.02

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

4581.64

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

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

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

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

PAGE 26 OF 33

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

435.95

Transaction ID : SD10.6520

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

435.95

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

1056.95

Transaction ID : SD10.6521

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1056.95

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City

State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

2372.04

Transaction ID : SD10.6522

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2372.04

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

3864.94

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

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

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

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

PAGE 27 OF 33

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

367.37

Transaction ID : SD10.6533

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

367.37

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

262.40

Transaction ID : SD10.6535

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

262.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City

State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

477.00

Transaction ID : SD10.6536

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

477.00

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

1106.77

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

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

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

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

PAGE 28 OF 33

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

524.80

Transaction ID : SD10.6537

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

524.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

1115.00

Transaction ID : SD10.6538

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1115.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City

State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

419.84

Transaction ID : SD10.6539

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

419.84

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

2059.64

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

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

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

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

PAGE 29 OF 33

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):

TRANSPORTATION COSTS

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

539.45

Transaction ID : SD10.6545

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

539.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):

CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

2552.60

Transaction ID : SD10.6546

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2552.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UNION TRAVEL MASTERCARD

Nature of Debt (Purpose):

CATERING EXPENSES

Mailing Address P.O. BOX 88000

City

State

Zip Code

BALTIMORE

MD

21288

Outstanding Balance Beginning This Period

3224.16

Transaction ID : SD10.6548

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3224.16

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

6316.21

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

735124.72

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

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

735124.72

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 30 OF 33
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00348540 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name (Last, First, Middle Initial) of Payee 1199 SEIU [MEMO ITEM] Mailing Address 330 WEST 42ND STREET <hr/> <table style="width:100%;"> <tr> <td style="width:33%;">City NEW YORK</td> <td style="width:33%;">State NY</td> <td style="width:33%;">Zip Code 10036</td> </tr> </table>		City NEW YORK	State NY	Zip Code 10036	Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 03 / 26 / 2013 </div> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 32560.00 </div>
City NEW YORK	State NY	Zip Code 10036			
Purpose of Expenditure STAFF SALARIES	Category/ Type 	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Name of Federal Candidate Supported or Opposed by Expenditure: ED MARKEY		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input type="checkbox"/> Other (specify) ▶			
Calendar Year-To-Date Per Election for Office Sought 39564.14					

Transaction ID : SE.12121

Full Name (Last, First, Middle Initial) of Payee 1199 SEIU [MEMO ITEM] Mailing Address 330 WEST 42ND STREET <hr/> <table style="width:100%;"> <tr> <td style="width:33%;">City NEW YORK</td> <td style="width:33%;">State NY</td> <td style="width:33%;">Zip Code 10036</td> </tr> </table>		City NEW YORK	State NY	Zip Code 10036	Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 03 / 26 / 2013 </div> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 9465.92 </div>
City NEW YORK	State NY	Zip Code 10036			
Purpose of Expenditure STAFF SALARIES	Category/ Type 	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Name of Federal Candidate Supported or Opposed by Expenditure: ED MARKEY		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input type="checkbox"/> Other (specify) ▶			
Calendar Year-To-Date Per Election for Office Sought 49030.06					

Transaction ID : SE.12123

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

KEVIN FINNEGAN

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 04 / 18 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 31 OF 33
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00348540 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee BLUE AND READ [MEMO ITEM]		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">2013</div> </div>	
Mailing Address 2610 15TH STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">123814.71</div>	
City TROY	State NY		
Purpose of Expenditure CAMPAIGN MAIL	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	
Name of Federal Candidate Supported or Opposed by Expenditure: ANNE MARIE BUERKLE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee BLUE AND READ		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">2013</div> </div>	
Mailing Address 2610 15TH STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">123814.71</div>	
City TROY	State NY		
Purpose of Expenditure CAMPAIGN MAIL	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	
Name of Federal Candidate Supported or Opposed by Expenditure: ANNE MARIE BUERKLE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">123814.71</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

KEVIN FINNEGAN

[Electronically Filed]

Signature

Date

04

18

2013

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SE
Transaction ID : SE.12163

Page 30 of 32 -This is an additional independent expenditure charge in the amount of \$123,814.71 paid to Blue and Read for 2012 General Elections.

Form/Schedule:
Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 33 OF 33
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00348540 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee ENTERPRISE RENT-A-CAR [MEMO ITEM]		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 03 / 26 / 2013 </div>	
Mailing Address P.O. BOX 840173		Amount <div style="border: 1px solid black; padding: 2px;"> 6277.88 </div>	
City KANSAS CITY	State MO		
Purpose of Expenditure RENTAL VEHICLE	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	
Name of Federal Candidate Supported or Opposed by Expenditure: ED MARKEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input type="checkbox"/> Other (specify)	
<div style="border: 1px solid black; padding: 2px;"> 7004.14 </div>			

Full Name (Last, First, Middle Initial) of Payee SVM, LP [MEMO ITEM]		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 03 / 26 / 2013 </div>	
Mailing Address 185 N. FRANKLIN ST REET		Amount <div style="border: 1px solid black; padding: 2px;"> 726.26 </div>	
City CHICAGO	State IL		
Purpose of Expenditure GAS CARDS	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	
Name of Federal Candidate Supported or Opposed by Expenditure: ED MARKEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input type="checkbox"/> Other (specify)	
<div style="border: 1px solid black; padding: 2px;"> 726.26 </div>			

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 123814.71 </div>

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

KEVIN FINNEGAN

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y
 04 / 18 / 2013