Image# 13940562590 PAGE 1 / 33

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or other man	All Authorized			Office Use Only						
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M5						
1199 SERVICE EMPLO	DYEES INT'L	UNION FED	ERAL PO	LITICAL	ACTION F	FUND					
ADDRESS (number and street)	330 WEST 42ND \$	STREET, 7TH FLO	OOR								
Check if different											
than previously reported. (ACC)	NEW YORK				NY	10036					
2. FEC IDENTIFICATION NU	MBER ▼	CITY 		S	STATE 🛦	ZIP COI	DE 🛦				
C C00348540		3. IS THIS REPORT	· ·	IEW N) OR	AM (A)	ENDED					
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	(c) 12-Day PRE-Ele Report f				Sep Oct 2		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)				
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(d) 30-Day POST-E Report f		General (300	S) /	Runoff (3	OR) in the State of	Special (30S)				
5. Covering Period 01	/ D D / Y	2013	through	04	10 /	2013					
I certify that I have examined this Type or Print Name of Treasurer	•	•	wledge and b	pelief it is true	e, correct and	complete.					
Signature of Treasurer KEVIN	N FINNEGAN		[Electronically	Filed] Da	ate 04	/ D D / 18	2013				
NOTE: Submission of false, errone	ous, or incomplete i	nformation may su	ubject the pers	son signing thi	s Report to th	e penalties of 2 U	l.S.C. §437g.				
Office Use Only						FEC FOR Rev. 12/20					

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

		COLUMN A This Period	COLUMN B Calendar Year-to-Date						
(a) Cash on Hand January 1			426092.92						
(b) Cash on Hand Beginning of R	at eporting Period	426092.92							
(c) Total Receipts	(from Line 19)	2041841.61	2041841.61						
(d) Subtotal (add L 6(c) for Column 6(a) and 6(c) f		2467934.53	2467934.53						
Total Disbursements	s (from Line 31)	1129085.96	1129085.96						
Cash on Hand at C Reporting Period (subtract Line 7 from	Close of m Line 6(d))	1338848.57	1338848.57						
Debts and Obligation the Committee (Item Schedule C and/or		0.00							
Debts and Obligation the Committee (Item Schedule C and/or		735124.72							

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

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(iii) TOTAL (add	2041038.29	2041038.29					
Lines 11(a)(i) and (ii)	2041556.29	2041556.29					
(b) Political Party Committees	0.00	0.00					
(such as PACs)(d) Total Contributions (add Lines	0.00	0.00					
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					
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00					
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00					
to Federal Candidates and Other Political Committees	0.00	0.00					
17. Other Federal Receipts (Dividends, Interest, etc.)	285.32	285.32					
 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	ursements COLUMN A Total This Period						
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calendar Year-to-Date					
Activity (from Schedule H4)							
(i) Federal Share	0.00	0.00					
	0.00	0.00					
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00					
(b) Other Federal Operating Expenditures	2265.00	2265.00					
(c) Total Operating Expenditures	2230.00	2235.00					
(add 21(a)(i), (a)(ii), and (b))▶	2265.00	2265.00					
. Transfers to Affiliated/Other Party							
Committees	1000000.00	1000000.00					
Contributions to Federal Candidates/Committees	0.00	0.00					
and Other Political Committees	0.00	0.00					
Independent Expenditures	123814.71	123814.71					
(use Schedule E) Coordinated Party Expenditures							
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00					
(
Loan Repayments Made	0.00	0.00					
Loans MadeRefunds of Contributions To:	0.00	0.00					
(a) Individuals/Persons Other	1105.10	1165.40					
Than Political Committees	1165.40	1103.40					
(b) Political Party Committees	0.00	0.00					
(c) Other Political Committees							
(such as PACs)	0.00	0.00					
(d) Total Contribution Refunds	1165.40	1165.40					
(add Lines 28(a), (b), and (c))▶	1100.40	1165.40					
Other Disbursements	1840.85	1840.85					
Other Dispursements	1040.00	7					
Federal Election Activity (2 U.S.C. §431(20))							
(a) Allocated Federal Election Activity							
(from Schedule H6)		0.00					
(i) Federal Share	0.00	0.00					
(ii) III ovinii Chara	0.00	0.00					
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	5.55					
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					
'	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,					
Total Disbursements (add Lines 21(c), 22,							
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1129085.96	1129085.96					
Total Federal Disbursements							
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)							
(Sastrast Ento Etta/ii) and Ento Oo(a)(ii)	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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2041556.29	2041556.29
4. Total Contribution Refunds (from Line 28(d))	1165.40	1165.40
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2040390.89	2040390.89
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2265.00	2265.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. 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

FOF	R LINE	NU	MBER	:	PAGE	6		6 OF		33		
(che	(check only one)											
X	11a		11b		11c		12	2				
	13		14		15		16	6		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) MITRA BEHROOZI Date of Receipt Mailing Address 123 LINCOLN PLACE 2013 28 City Zip Code State Transaction ID: SA11AI.12151 NY **BROOKLYN** 11217 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. PAYROLL DEDUCTION Name of Employer Occupation **Executive Director** National Benefit Fund-1199 Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. HALLE RUSSELL-WEBSTER Date of Receipt Mailing Address 345 LONGMEADOW ROAD 01 31 2013 City State Zip Code Transaction ID: SA11AI.12152 **AMHERST** NY 14226 Amount of Each Receipt this Period FEC ID number of contributing 276.00 federal political committee. PAYROLL DEDUCTION Name of Employer Occupation KALEIDA HEALTH NUTRITIONAL SERVICE WORKER Receipt For: Aggregate Year-to-Date ▼ Primary General 276.00 Other (specify) Full Name (Last, First, Middle Initial) c. HALLE RUSSELL-WEBSTER Date of Receipt Mailing Address 345 LONGMEADOW ROAD 02 28 2013 City Zip Code State Transaction ID: SA11AI.12153 NY **AMHERST** 14226 Amount of Each Receipt this Period FEC ID number of contributing 92.00 С federal political committee. PAYROLL DEDUCTION Name of Employer Occupation NUTRITIONAL SERVICE WORKER KALEIDA HEALTH Receipt For: Aggregate Year-to-Date ▼ Primary General 368.00 Other (specify) 518.00 SUBTOTAL of Receipts This Page (optional)..... 518.00 TOTAL This Period (last page this line number only).....

1mage# 13940562596 PAGE 7 / 33

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

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

	F	OR	LINE	NU	MBER	:	PAGE	Ξ	8	OF	33
Use separate schedule(s) for each category of the	(0	he	ck only	or	ne)						
Detailed Summary Page			11a		11b		11c		12		
			13		14		15		16	;	X 17

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNION FEDERAL POLITICA	AL ACTION FUND
Full Name (Last, First, Middle Initial) TD BANK Mailing Address 1710 ROUTE 70 EAST City CHERRY HILL FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code NJ 08034 C Occupation Aggregate Year-to-Date ▼ 63.77	Date of Receipt O1 31 2013 Transaction ID: SA17.12126 Amount of Each Receipt this Period 63.77 INTEREST INCOME
Full Name (Last, First, Middle Initial) TD BANK Mailing Address 1710 ROUTE 70 EAST City CHERRY HILL FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code NJ 08034 C Occupation Aggregate Year-to-Date ▼	Date of Receipt 02 28 2013 Transaction ID: SA17.12127 Amount of Each Receipt this Period 95.37 INTEREST INCOME
Full Name (Last, First, Middle Initial) TD BANK Mailing Address 1710 ROUTE 70 EAST City CHERRY HILL FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify)	State Zip Code NJ 08034 C Occupation Aggregate Year-to-Date ▼	Date of Receipt 03 29 2013 Transaction ID : SA17.12128 Amount of Each Receipt this Period 126.18 INTEREST INCOME
SUBTOTAL of Receipts This Page (optional)		285.32
TOTAL This Period (last page this line number	only)	285.32

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SCHEDULE B (FEC Form 3X)		I FOR LINE	INE NUMBER: PAGE 9 OF 33							
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	_	17.02 0 01 00						
	for each category of the Detailed Summary Page	X 21b 27	22 23 28b 28b	24 25 26 28c 29 30b						
Any information copied from such Reports and State or for commercial purposes, other than using the nar										
NAME OF COMMITTEE (In Full)	and address of any political	551111111100 10	CONST. CONTRIBUTIONS III	o saon commune.						
1199 SERVICE EMPLOYEES INT	'L UNION FEDERAL	POLITICA	AL ACTION FUI	ND						
Full Name (Last, First, Middle Initial)			1							
A. HOROWITZ & ULLMANN, P.C.			Date of Disburseme							
Mailing Address 275 MADISON AVENUE SUITE 902			01 03 2013							
•	State Zip Code NY 10016		Transaction ID : S	SB21B.12129						
NEW YORK Purpose of Disbursement	NY 10016									
ACCOUNTING FEES			Amount of Each Dis	sbursement this Period						
Candidate Name	"	Category/ Type		1255.00						
Office Sought: House Disburse Senate	ment For: Primary General									
President	Other (specify) ▼									
State: District:										
Full Name (Last, First, Middle Initial) B. HOROWITZ & ULLMANN, P.C.			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
Mailing Address 275 MADISON AVENUE SUITE 902										
NEW YORK	State Zip Code NY 10016		Transaction ID : SB21B.12130							
Purpose of Disbursement ACCOUNTING FEES			Amount of Each Disbursement this Period							
Candidate Name		Category/ Type	1010.00							
Office Sought: House Disburse	ment For:	7.								
Senate President	Primary General Other (specify) ▼									
State: District:	Other (specify)									
Full Name (Last, First, Middle Initial)										
C.			Date of Disburseme	ent						
Mailing Address			M M M / D D	/						
City	State Zip Code									
Purpose of Disbursement										
Candidate Name		Category/ Type	Amount of Each Dis	sbursement this Period						
Office Sought: House Disburse Senate	ment For: Primary General			,						
President State: District:	Other (specify) ▼									
S.dio. District.										
SUBTOTAL of Disbursements This Page (optional)		<u> </u>		2265.00						
TOTAL This Period (last page this line number only)			2265.00						

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SCHEDULE B (FEC Form 3X)		FOR LINE N	F NUMBER: PAGE 10 OF 33							
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	TOMBETT:							
THE INTELLED BIODOTTOLINE INTO	for each category of the Detailed Summary Page	21b 27	X 22 23 24 25 26 28a 28b 28c 29 30b							
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	nents may not be sold or usene and address of any politica	d by any perso I committee to	on for the purpose of soliciting contributions solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'	L UNION FEDERAL	POLITICA	AL ACTION FUND							
Full Name (Last, First, Middle Initial)										
A. SEIU COPE FUND			Date of Disbursement							
Mailing Address 1313 L STREET, NW City	State Zip Code		03 26 2013							
WASHINGTON	DC 20005		Transaction ID: SB22.12144							
Purpose of Disbursement TRANSFER			Amount of Each Disbursement this Period							
Candidate Name		Category/ Type	1000000.00							
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼	71								
State: District:										
Full Name (Last, First, Middle Initial) B.			Date of Disbursement							
Mailing Address										
•	State Zip Code									
Purpose of Disbursement			Amount of Each Disbursement this Period							
Candidate Name		Category/ Type								
	nent For: Primary General Other (specify)									
State: District:										
Full Name (Last, First, Middle Initial) C.			Date of Disbursement							
Mailing Address			M M							
City	State Zip Code									
Purpose of Disbursement			Amount of Each Disbursement this Period							
Candidate Name		Category/ Type								
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify)									
S.d.o.										
SUBTOTAL of Disbursements This Page (optional)		······•	1000000.00							
TOTAL This Period (last page this line number only)		······	1000000.00							

S	CHEDULE B (FEC Form 3X)			FC	DR I	INE N	IUMI	BER	:			PA	GE	11	OF	33
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\setminus	NAME OF COMMITTEE (In Full)															
angle	1199 SERVICE EMPLOYEES INT	L UNION	I FEDERAL	. PO	LI	ГІСА	L A	\C7	ГІС	N F	UN	۱D				
\angle	Full Name (Last, First, Middle Initial)															
Α.	DEPARTMENT OF HEALTH			Da	ate o	f Di	sburse	eme	nt							
							03 06 2013 Transaction ID : SB28A.12143									
	Mailing Address 1 CENTER STREET															
	City	State	Zip Code													
	NEW YORK	NY	10007				T	rans	sact	ion ID) : S	B28A.	1214	13		
	Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION				7		Δn	าดแท	ıt of	Fach	Dis	burser	ment	this	Perio	nd
	Candidate Name			Cate	agon	<i>y</i> /	7	iou.		Luoii	D.0					
					/pe	y,				7				71	0.00	
	Office Sought: House Disburser															
	Senate President	Primary Other (speci	General													
	State: District:	Cc. (opec.	·· ··													
	Full Name (Last, First, Middle Initial)															
В.	HALLE RUSSELL-WEBSTER						Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	Mailing Address 345 LONGMEADOW ROAD															
		State Zip Code					Transaction ID : SB28A.12145									
	AMHERST Purpose of Disbursement	NY	14226				-									
	REFUND OF CONTRIBUTION	Category/						Amount of Each Disbursement this Period 455.40							d	
	Candidate Name															
	Office Sought: House Disburser	nent For:		Ту	/pe											
	Senate	Primary	General													
	President	Other (speci	fy) 🔻													
_	State: District:															
C.	Full Name (Last, First, Middle Initial)						Da	nte o	f Di	sburse	eme	nt				
٠.								M		D			Y	■ Y	Υ	
	Mailing Address						L			L		L			_	
	City	State	Zip Code													
	City	Jiaic	Zip Oodc													
	Purpose of Disbursement				-											
	Candidate Name			Ļ.,		41	An	noun	t of	Each	Dis	burser	ment	this	Perio	d
				Cate Ty	egor /pe	y/										
	Office Sought: House Disburser									7		-				
	Senate President	Primary	General													
	State: District:	Other (speci	iiy) ▼													
Г	· L						F	-	-				_	_		_
s	SUBTOTAL of Disbursements This Page (optional)					•	L			7		- 1		116	5.40	
-	OTAL Tide Desired (leak on the leak of the						Ī							116	5.40	
П	OTAL This Period (last page this line number only)									4		- (8)				

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S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 12 OF 33									
ΙT	EMIZED DISBURSEMENTS	Use separate schedule(s)			only or	-						
•		for each category of the Detailed Summary Page			21b	22		23	24	25		
_		, ,			27	28a		28b	28c	X 29	30b	
	ny information copied from such Reports and Staten											
or	for commercial purposes, other than using the name	e and address of any politic	cai con	nmitte	ee to so	Olicit cor	ntribu	itions	from su	cn comn	nittee.	
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'		. DO	. I I T		۸ОТ	-10		INID			
/	1199 SERVICE EMPLOYEES INT	L UNION FEDERA	LPU	וושי	IICAL	- AC I	Ю	NΓ	טאנ			
_	Full Name (Last, First, Middle Initial)											
A.	1199 SEIU DUES ACCOUNT					Date of	f Dist	oursei	ment			
						M M / D D / Y Y Y Y						
	Mailing Address 330 WEST 42ND STREET, 7TH FL	.OOR				02		01		2013		
	City	State Zip Code	tate Zip Code									
	NEW YORK	NY 10036				Trans	actio	n ID	: SB29.1	2135		
	Purpose of Disbursement			-	_							
	REFUND OF DEPOSIT INTO WRONG ACCOUNT					Amount	t of E	Each	Disburse	ment thi	s Period	
	Candidate Name			egory	y/					3	327.07	
	Office Sought: House Disbursen	aont For:	Ty	уре		_			7			
	Senate Disbursen	Primary General										
		Other (specify)										
	State: District:	(1), V										
	Full Name (Last, First, Middle Initial)											
В.	1199 SEIU DUES ACCOUNT					Date of	f Dist	oursei	ment			
						M = M	/	D		YYY		
	Mailing Address 330 WEST 42ND STREET, 7TH F	LOOR				02		0	<u> </u>	2013		
	City	State Zip Code										
	NEW YORK	NY 10036				Transaction ID : SB29.12136						
	Purpose of Disbursement			-	_	-						
	REFUND OF DEPOSIT INTO WRONG ACCOUNT			Amount of Each Disbursement this Period								
	Candidate Name		Category/						102.30			
	Office Sought: House Disbursen	aont For:	Ly	уре					7			
		Primary General										
		Other (specify) ▼										
	State: District:	· · · · · · · · · · · · · · · · · · ·										
_	Full Name (Last, First, Middle Initial)											
C.	1199 SEIU MASSACHUSETTS PA	ΛC				Date of	f Dist	oursei	ment			
						M M	/	D		YYY	Y	
	Mailing Address 330 W 42ND STREET, 7 FL					03	ш	26	6	2013		
	City	State Zip Code										
	NEW YORK	NY 10036				Trans	actio	on ID	: SB29.	12147		
	Purpose of Disbursement			-	_							
	REFUND OF DEPOSIT INTO WRONG ACCOUNT					Amount	t of E	Each	Disburse	ment thi	s Period	
	Candidate Name			egory	y/					4	38.48	
	Office Sought: House Disbursen	pent For:	Ty	уре			-		7			
	Senate	Primary General										
	President	Other (specify)										
	State: District:	√1 /- J / ▼										
Г	I .				1			-				
5	SUBTOTAL of Disbursements This Page (optional)				•					11	67.85	
\vdash												
1	'OTAL This Period (last page this line number only)				•							

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 13 OF 33	
ITEMIZED DISBURSEMENTS	Use separate schedule(s)			
	for each category of the Detailed Summary Page	21b	22 23 24 25 26	
		27	28a 28b 28c X 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
1199 SERVICE EMPLOYEES INT	L UNION FEDERA	L POLITICA	AL ACTION FUND	
Full Name (Last, First, Middle Initial)				
A. DEPARTMENT OF THE TREASU	IRY		Date of Disbursement	
Mailing Address INTERNAL REVENUE SERVICE	CENTER		03 27 2013	
City	State Zip Code		Transaction ID : SB29.12148	
OGDEN	UT 84201		Transaction 15 : 0523.12140	
Purpose of Disbursement INCOME TAXES - 2012			Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	673.00	
Office Sought: House Disburse	ment For:	,,,,,		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) B.			Data of Diskumanust	
Б.			Date of Disbursement	
Mailing Address			M = M / D = D / Y = Y = Y	
ag / taa. ooo				
City	State Zip Code			
Purpose of Disbursement				
Fulpose of Dispulsement			Amount of Each Disbursement this Period	
Candidate Name		Catagory	Amount of Each Biodardinent time Feriod	
		Category/ Type	, , , , , , , , , , , , , , , , , , , ,	
Office Sought: House Disburse	ment For:			
Senate	Primary General			
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) C.			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
			Amount of Each Disbursement this Period	
Candidate Name		Category/ Type		
Office Sought: House Disburse	ment For:	. 7 F -		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
			673.00	
SUBTOTAL of Disbursements This Page (optional).		·····•	073.00	
TOTAL This Period (last page this line number only	<i>(</i>)		1840.85	
I	· /·····			

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 14 OF 3
FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL POLITICA	AL ACTION FUND
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose):
1199 SEIU		STAFF SALARIES
Mailing Address 330 WEST 42ND STREET		_
City State	Zip Code	
NEW YORK	NY 10036	
Outstanding Balance Beginning This Period		Transaction ID : SD10.12155
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
32560.00	0.00	32560.00
B. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor	Nature of Debt (Purpose): STAFF SALARIES
Mailing Address 330 WEST 42ND STREET		
City State	Zip Code	
NEW YORK	NY 10036	
Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.12156
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
9465.92	0.00	9465.92
C. Full Name (Last, First, Middle Initial) of Debte 1199 SEIU UNITED HEALTHC		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET		
City NEW YORK	State Zip Code NY 10036	
Outstanding Balance Beginning This Period		Transaction ID: SD10.6240
8091.98		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	8091.98
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)	7
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶	

(Use separate schedule(s) for each

PAGE 15 OF FOR LINE NUMBER: (check only one)

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9 **Excluding Loans** numbered line) **X** 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 Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND 1199 SEIU UNITED HEALTHCARE WORKERS EAST **BENEFITS** Mailing Address 330 WEST 42ND STREET State Zip Code NY **NEW YORK** 10036 Transaction ID: SD10.6241 Outstanding Balance Beginning This Period 65588.32 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 65588.32 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND 1199 SEIU UNITED HEALTHCARE WORKERS EAST **BENEFITS** Mailing Address 330 WEST 42ND STREET City State Zip Code **NEW YORK** 10036 NY Outstanding Balance Beginning This Period Transaction ID: SD10.6242 14545.49 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 14545.49 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND 1199 SEIU UNITED HEALTHCARE WORKERS EAST **BENEFITS** Mailing Address 330 WEST 42ND STREET City State Zip Code **NEW YORK** 10036 NY Transaction ID: SD10.6243 Outstanding Balance Beginning This Period 3157.42 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3157.42 0.00 83291.23 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 16 OF
FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL	POLITICAL	ACTION FUND
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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		Transaction ID : SD10.6244
56833.56		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	56833.56
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
1199 SEIU UNITED HEALTHCA		REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET		
City State	Zip Code	
NEW YORK	NY 10036	1
Outstanding Balance Beginning This Period		Transaction ID : SD10.6245
82522.06		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	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	1
NEW YORK	NY 10036	1
Outstanding Balance Beginning This Period		Transaction ID : SD10.6246
78033.76		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	78033.76
1) SUBTOTALS This Period This Page (optional)	>	217389.38
TOTALS This Period (last page this line number only)		
3) TOTAL OUTSTANDING LOANS from Schedule	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) ▶	

Excluding Loans

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	ME OF COMMITTEE (In Full) 199 SERVICE EMPLOYEES INT'L U	JNION FE	EDERAL POLITIC	CAL ACTION FUND
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
	1199 SEIU UNITED HEALTHCARE WORKERS EAST			REIMBURSE STAFF SALARIES AND BENEFITS
ŀ	Mailing Address 330 WEST 42ND STREET			
İ	City State	Zip Code		
-	NEW YORK	NY	10036	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.6247
	2812.96			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	, ,	0.00	2812.96
ŀ	B. Full Name (Last, First, Middle Initial) of Debtor o	r Creditor		Nature of Debt (Purpose):
	1199 SEIU UNITED HEALTHCAF	RE WORI	KERS EAST	REIMBURSE STAFF SALARIES AND BENEFITS
	Mailing Address 330 WEST 42ND STREET			
ł	City State	Zip Code		
	NEW YORK	NY	10036	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.6248
	5095.64			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	,	0.00	5095.64
•	C. Full Name (Last, First, Middle Initial) of Debtor of 1199 SEIU UNITED HEALTHCA Mailing Address 330 WEST 42ND STREET		RKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
	City NEW YORK	State NY	Zip Code 10036	
	Outstanding Balance Beginning This Period 12962.04			Transaction ID : SD10.6249
	Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period
	0.00	,	0.00	
	0.00	7	0.00	120020
1)	SUBTOTALS This Period This Page (optional)			20870.64
2)	TOTALS This Period (last page this line number of	nly)		<u> </u>
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	>
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summa	ry Page (last page only)	>

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NAME OF COMMITTEE (IN FUII) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND			
A. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC Mailing Address 330 WEST 42ND STREET	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS		
City State	Zip Code	-	
NEW YORK	NY 10036		
Outstanding Balance Beginning This Period 10997.70		Transaction ID : SD10.6284	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	10997.70	
B. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCA		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		Transaction ID : SD10.6285	
7231.75			
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 Debto		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State Zip Code NY 10036	-	
Outstanding Balance Beginning This Period 3434.67		Transaction ID : SD10.6286	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	3434.67	
1) SUBTOTALS This Period This Page (optional)	>	21664.12	
2) TOTALS This Period (last page this line number	only)	7	
3) TOTAL OUTSTANDING LOANS from Schedule	TOTAL OUTSTANDING LOANS from Schedule C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate	>		

Excluding Loans

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

199 OLIKVIOL EIVII LOTELO IIVI	E ONION I EDENAET OETHO	(E/(O)(O)()
A. Full Name (Last, First, Middle Initial) of Deb	Nature of Debt (Purpose):	
1199 SEIU UNITED HEALTH	REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing Address 330 WEST 42ND STREET		
City State	Zip Code	7
NEW YORK	NY 10036	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6287
16789.92		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	16789.92
B. Full Name (Last, First, Middle Initial) of Debt		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET		
City State	Zip Code	
NEW YORK	NY 10036	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6288
9286.03		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	9286.03
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of Debt (Purpose):
1199 SEIU UNITED HEALTH	CARE WORKERS EAST	REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET		
City	State Zip Code	_
NEW YORK	NY 10036	
Outstanding Balance Beginning This Period		Transaction ID : SD10.11208
13004.52		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	13004.52
	7 7	
SUBTOTALS This Period This Page (optional).		39080.47
TOTALS This Period (last page this line number	er only)	
TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	
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Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 20 OF
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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOY	'EES INT'L UNION FEDERAL	_ POLITICAL	ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debto		KERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City State	Zip Code		
NEW YORK	NY	10036	
Outstanding Balance Beginning This Period			Transaction ID : SD10.11209
20006.45			
Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
0.00		0.00	20006.45
B. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		Nature of Debt (Purpose):
1199 SEIU UNITED HEALTHCA		ERS EAST	REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City State	Zip Code		1
NEW YORK	NY	10036	
Outstanding Balance Beginning This Period			Transaction ID : SD10.11206
18904.21			
Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
0.00		0.00	18904.21
C. Full Name (Last, First, Middle Initial) of Debto		KERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			_
City	State	Zip Code	
NEW YORK	NY	10036	
Outstanding Balance Beginning This Period			Transaction ID : SD10.11207
188588.83			
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period
0.00		0.00	188588.83
SUBTOTALS This Period This Page (optional)		>	227499.49
2) TOTALS This Period (last page this line number	r only)	>	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only	v) >	
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Excluding Loans

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FOR LINE NUMBER:
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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) of Debto	or or Creditor	Nature of Debt (Purpose): CATERING
AMERICAN EXPRESS		OALEANIC
Mailing Address P.O. BOX 2855		_
City State	Zip Code	
NEW YORK	NY 10116-2855	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6289
240.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	240.00
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose):
AVIS RENT A CAR SYSTEM, II	NC.	TRAVEL EXPENSES
Mailing Address 7876 COLLECTIONS CTR DRIV	/E	
City State	Zip Code	_
CHICAGO	IL 60693	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6540
1156.12		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1156.12
C. Full Name (Last, First, Middle Initial) of Debte JENNY BAUER	or or Creditor	Nature of Debt (Purpose): REIMBURSEMENT FOR CATERING EXPENSES
Mailing Address 2 WILCOTT PARK		_
City	State Zip Code	
MEDFORD	MA 02155	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6541
43.65		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	43.65
) SUBTOTALS This Period This Page (optional)		1439.77
) TOTALS This Period (last page this line number		
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	
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Excluding Loans

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

FOR LINE NUMBER: (check only one)

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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) of Debto LILLIAN CARINO	r or Creditor		Nature of Debt (Purpose): REIMBURSEMENT FOR TRAVEL EXPENSES
ŀ	Mailing Address 327 SAINT NICHOLAS AVENUE	<u> </u>		-
	APT. 2N	=		
ŀ	City State	Zip Code		
	NEW YORK	NY	10027-3609	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.6508
	45.00			
	Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
	0.00		0.00	45.00
ŀ	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
	ENTERPRISE RENT-A-CAR			RENTAL VEHICLE
	Mailing Address P.O. BOX 840173			
t	City State	Zip Code		
	KANSAS CITY	МО	64184-0173	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.12157
	0.00			
	Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
	6277.88	,	0.00	6277.88
	C. Full Name (Last, First, Middle Initial) of Debto MACK CROUNSE GROUP	r or Creditor		Nature of Debt (Purpose): MAILINGS
Ī	Mailing Address 2001 N. BEAUREGARD ST., ST	E 420		
ŀ	City	State	Zip Code	
	ALEXANDRIA	VA	22311	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.8322
	1606.34			
	Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
	0.00		0.00	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	v) >	
4)	ADD 2) and 3) and carry forward to appropriate	line of Summary	Page (last page only)	

Excluding Loans

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X 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 Nature of Debt (Purpose): **MAILINGS** MACK CROUNSE GROUP Mailing Address 2001 N. BEAUREGARD ST., STE 420 Zip Code **ALEXANDRIA** 22311 Transaction ID: SD10.8323 Outstanding Balance Beginning This Period 1606.34 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1606.34 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RADIO BUY & PRODUCTION** NOVAK MEDIA INC. Mailing Address 159 WEST MAIN STREET City State Zip Code WEBSTER NY 14580 Outstanding Balance Beginning This Period Transaction ID: SD10.7361 18850.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 18850.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): REIMBURSEMENT CATERING EXPENSE ANTONELLA PECHTEL Mailing Address 401 ROSE AVE City State Zip Code **SCHENECTADY** 12308 NY Transaction ID: SD10.6531 Outstanding Balance Beginning This Period 201.39 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 201.39 0.00 20657.73 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 24 OF
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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) of Debt		Nature of Debt (Purpose): ROBO CALLS
SEIU COMMUNICATIONS CE	Nego GALLE	
Mailing Address 330 WEST 42ND STREET		1
City State	Zip Code	-
NEW YORK	NY 10036	
Outstanding Balance Beginning This Period		Transaction ID : SD10.7362
4372.06		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	4372.06
B. Full Name (Last, First, Middle Initial) of Debto SEIU COMMUNICATIONS CEN		Nature of Debt (Purpose): PHONE BANK CALLS
SEIO COMMUNICATIONS CEI	VIER LLG.	7
Mailing Address 330 WEST 42ND STREET		
City State	Zip Code	-
NEW YORK	NY 10036	
Outstanding Balance Beginning This Period		Transaction ID : SD10.8325
22157.25		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	22157.25
C. Full Name (Last, First, Middle Initial) of Debt SVM, LP	or or Creditor	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		Transaction ID : SD10.12158
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
726.26	0.00	726.26
) SUBTOTALS This Period This Page (optional)		27255.57
) TOTALS This Period (last page this line number	r only)	
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 25 OF
FOR LINE NUMBER:
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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) of Debtor or Creditor Nature of Debt (Purpose): CATERING EXPENSES UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State Zip Code **BALTIMORE** 21288 Transaction ID: SD10.6517 Outstanding Balance Beginning This Period 1897.47 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1897.47 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **CATERING EXPENSES** UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State Zip Code **BALTIMORE** 21288 MD Outstanding Balance Beginning This Period Transaction ID: SD10.6518 1849.15 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1849.15 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **BEVERAGE EXPENSES** UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State Zip Code **BALTIMORE** 21288 MD Transaction ID: SD10.6519 Outstanding Balance Beginning This Period 835.02 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 835.02 0.00 4581.64 1) SUBTOTALS This Period This Page (optional)..... 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) ▶

Excluding Loans

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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) of Debt UNION TRAVEL MASTERCAR		Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000		
1 131297(3333		
City State BALTIMORE	Zip Code MD 21288	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6520
435.95		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	435.95
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose):
UNION TRAVEL MASTERCAR	D	TRAVEL EXPENSES
Mailing Address P.O. BOX 88000		
City State	Zip Code	
BALTIMORE	MD 21288	
Outstanding Balance Beginning This Period		Transaction ID: SD10.6521
1056.95		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1056.95
C. Full Name (Last, First, Middle Initial) of Debt UNION TRAVEL MASTERCAR		Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000		
City	State Zip Code	
BALTIMORE	MD 21288	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6522
2372.04		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2372.04
SUBTOTALS This Period This Page (optional)		3864.94
TOTALS This Period (last page this line number	er only)	
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL POLITICA	AL ACTION FUND		
, in the second of the second	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			
Mailing Address P.O. BOX 88000				
City State BALTIMORE	Zip Code MD 21288			
Outstanding Balance Beginning This Period 367.37		Transaction ID : SD10.6533		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
0.00	0.00	367.37		
B. Full Name (Last, First, Middle Initial) of Debto UNION TRAVEL MASTERCAR		Nature of Debt (Purpose): TRAVEL EXPENSES		
Mailing Address P.O. BOX 88000				
City State BALTIMORE	Zip Code MD 21288			
Outstanding Balance Beginning This Period 262.40		Transaction ID : SD10.6535		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
0.00	0.00	262.40		
C. Full Name (Last, First, Middle Initial) of Debt UNION TRAVEL MASTERCAR		Nature of Debt (Purpose): CATERING EXPENSES		
Mailing Address P.O. BOX 88000				
City BALTIMORE	State Zip Code MD 21288			
Outstanding Balance Beginning This Period 477.00		Transaction ID : SD10.6536		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
0.00	0.00	477.00		
1) SUBTOTALS This Period This Page (optional)	•	1106.77		
2) TOTALS This Period (last page this line number	er only)			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)			

Amount Incurred This Period

0.00

Excluding Loans

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

PAGE FOR LINE NUMBER: (check only one)

28 OF

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5	X	10

33

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 Nature of Debt (Purpose): TRAVEL EXPENSES UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 State Zip Code **BALTIMORE** 21288 Transaction ID: SD10.6537 Outstanding Balance Beginning This Period 524.80 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 524.80 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **CATERING EXPENSES** UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State Zip Code **BALTIMORE** MD 21288 Outstanding Balance Beginning This Period Transaction ID: SD10.6538 1115.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1115.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State Zip Code **BALTIMORE** MD 21288 Transaction ID: SD10.6539 Outstanding Balance Beginning This Period 419.84

1) SUBTOTALS This Period This Page (optional)			,		I	,		20	59.6	4
2) TOTALS This Period (last page this line number only)			,	Ι	I	,	Ι	Ι	_	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			7	_		7	Ξ	Ξ	_	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)		_	7	_	_	,		_		

Payment This Period

0.00

Outstanding Balance at Close of This Period

419.84

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 29 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

33

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

	. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD				
Mailing Address P.O. BOX 88000					
City State	Zip Code		<u> </u>		
BALTIMORE	MD	21288			
Outstanding Balance Beginning This Period			Transaction ID : SD10.6545		
539.45					
Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period		
0.00		0.00	539.45		
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):		
UNION TRAVEL MASTERCARE)		CATERING EXPENSES		
Mailing Address P.O. BOX 88000					
City State	Zip Code				
BALTIMORE	MD	21288			
Outstanding Balance Beginning This Period			Transaction ID: SD10.6546		
2552.60					
Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period		
0.00		0.00	2552.60		
C. Full Name (Last, First, Middle Initial) of Debto UNION TRAVEL MASTERCAR			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	Payn	nent This Period	Outstanding Balance at Close of This Period		
0.00	T dyn	0.00	3224.16		
7		7			
) SUBTOTALS This Period This Page (optional))	6316.21		
TOTALS This Period (last page this line number	only))	735124.72		
TOTAL OUTSTANDING LOANS from Schedule (C (last page onl	y)	0.00		
2) ADD 2) and 3) and carry forward to appropriate	line of Summary	y Page (last page only)	735124.72		

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	30	OF	33 ORM 3X
FOR L	INE 24	OF F	ORM 3X

				FOR LINE 2	24 OF FORM 3X			
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL FEC IDENTIFICATION NUMBER ▼							
AC	ACTION FUND							
Che	ck if 24-hour report 48-hour report New report Amends report	rt filed on	M = M	/ D D /	Y Y Y Y Y			
	Full Name (Last, First, Middle Initial) of Payee 1199 SEIU	Dat	е	/ D D /	Y			
ŀ	[MEMO ITEM] Mailing Address 330 WEST 42ND STREET		03	26	2013			
L		Am	ount					
	City State Zip Code NEW YORK NY 10036	Tron	naction II	D : SE.12121	32560.00			
ľ	Purpose of Expenditure STAFF SALARIES Category/ Type	Office So		House Senate	State: MA District:			
ŀ	Name of Federal Conditions Connected as Connected by Federal Inc.		ŕ	President				
	Name of Federal Candidate Supported or Opposed by Expenditure: ED MARKEY	Check Or	ne:	Support	Oppose			
	Calendar Year-To-Date Per Election for Office Sought 39564.14	2012	nent For: Other (sp	Primary Decify) —	General			
	Full Name (Last, First, Middle Initial) of Payee 1199 SEIU [MEMO ITEM]	Dat	M M	/ DID /	Y			
	Mailing Address 330 WEST 42ND STREET	Am	03 ount	26	2013			
ŀ	City State Zip Code							
-1	NEW YORK NY 10036				9465.92			
╌	D (5 II)	Office So		D : SE.12123	State: NAA			
	Purpose of Expenditure STAFF SALARIES Category/ Type	Office So	agni:	House Senate	District:			
	Name of Federal Candidate Supported or Opposed by Expenditure:			President				
	ED MARKEY	Check Or		Support	Oppose			
	Calendar Year-To-Date Per Election for Office Sought 49030.06	Disburser 2013	nent For: Other (sp	Primary Decify)	General			
(a) SUBTOTAL of Itemized Independent Expenditures	· [0.00			
(b) SUBTOTAL of Unitemized Independent Expenditures	•						
(c) TOTAL Independent Expenditures	•		7				
W	Inder penalty of perjury I certify that the independent expenditures reported herein were revith, or at the request or suggestion of, any candidate or authorized committee or agent of arty committee) any political party committee or its agent.							
	KEVIN FINNEGAN [Electronically Filed] Date	M M M	/ 18	201	3			
	Signature							

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	31	OF	33 DRM 3X
FOR L	INE 24	OF FO	ORM 3X

					FOR LINE 2	24 OF FORM 3X		
	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL FEC IDENTIFICATION NUMBER ▼							
A	ACTION FUND							
Che	Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report							
	Full Name (Last, First, Middle Initial) of Payee BLUE AND READ		Date					
- 1	[MEMO ITEM]			M /	11	2013		
	Mailing Address 2610 15TH STREET		Amoun	_		2010		
H	Oit. Otata 7in Oada							
	City State Zip Code TROY NY 12180		1 '			123814.71		
	TROY NY 12180	-	Transac	tion ID	: SE.12160			
	Purpose of Expenditure CAMPAICNIMAL	Office	e Sought	t: X	House	State: NY		
	CAMPAIGN MAIL Type				Senate	District: 25		
Ī	Name of Federal Candidate Supported or Opposed by Expenditure:	1			President			
	ANNE MARIE BUERKLE	Chec	ck One:		Support	Oppose		
	Calendar Year-To-Date Per Election		ursement	For:	Primary	General		
	for Office Sought 123814.71	2012	Oth	er (spe	ecify)			
Ī	Full Name (Last, First, Middle Initial) of Payee		Date					
	BLUE AND READ)1 /	D D /	2013		
	Mailing Address 2610 15TH STREET			_	11	2013		
			Amoun	t				
	City State Zip Code					123814.71		
	TROY NY 12180		Transac	tion ID	: SE.12163			
ı	Purpose of Expenditure Category/		e Sough			State: NY		
	CAMPAIGN MAIL Satisfy Type				Senate	District: 25		
ŀ	Name of Federal Candidate Supported or Opposed by Expenditure:	1			President			
	ANNE MARIE BUERKLE	Chec	ck One:		Support	X Oppose		
ı	Calendar Year-To-Date Per Election	Disbu	ursemen	t For: [Primary	General		
	for Office Sought	2012		er (spe				
_								
((a) SUBTOTAL of Itemized Independent Expenditures	▶	Ľ			123814.71		
((b) SUBTOTAL of Unitemized Independent Expenditures	•	_					
		•		——————————————————————————————————————	7			
((c) TOTAL Independent Expenditures	▶	Ŀ	-7-				
٧	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	М	M /	D = D		Y		
	[Electronically Filed] Date	9 04	4	18	201	3		
	Signature							

1mage# 13940562621 PAGE 32 / 33

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC' 5 'F 9 D C F H Z G7 < 98 I @ 'C F' + H9 A = N 5 H = C B

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 DRM 3X
FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X					
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL FEC IDENTIFICATION NUMBER ▼							
ACTION FUND							
Check if 24-hour report 48-hour report	New report Amends repor	t filed on M M / D D / Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee ENTERPRISE RENT-A-CAR		Date					
[MEMO ITEM]		03 26 2013					
Mailing Address P.O. BOX 840173		03 20 2013					
		Amount					
,	ate Zip Code	6277.88					
	O 64184-0173	Transaction ID : SE.12119					
Purpose of Expenditure RENTAL VEHICLE	Category/ Type	Office Sought: House State: MA					
Name of Federal Candidate Supported or Opposed by		President District:					
ED MARKEY	Exponditure.	Check One: Support Oppose					
Calendar Year-To-Date Per Election for Office Sought	7004.14	Disbursement For: Primary General Other (specify)					
Full Name (Last, First, Middle Initial) of Payee		Date					
SVM, LP		M M / D D / Y Y Y Y					
[MEMO ITEM] Mailing Address 185 N. FRANKLIN ST REET		03 26 2013					
Mailing Address 185 N. FRANKLIN ST REET		Amount					
'	ate Zip Code	726.26					
CHICAGO	- 60606	Transaction ID : SE.12114					
Purpose of Expenditure GAS CARDS	Category/ Type	Office Sought: House State: MA Senate District:					
Name of Federal Candidate Supported or Opposed by	Expenditure:	President					
ED MARKEY		Check One: Support Oppose					
Calendar Year-To-Date Per Election for Office Sought	726.26	Disbursement For: Primary General 2013 Other (specify)					
(a) SUBTOTAL of Itemized Independent Expenditures		0.00					
(b) SUBTOTAL of Unitemized Independent Expenditures		·					
(c) TOTAL Independent Expenditures		123814.71					
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	r authorized committee or agent of						
KEVIN FINNEGAN	[Electronically Filed]	04 18 2013					
Signature	[Electronically Filea] Date	10 2013					