STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM

APR 9 11 57 AM '99

1. (a) NAME OF COMMITTEE IN FULL: ☐ (Check if name is changed)
1199 & 32BJ/144 SEIU Home Care Political Action Committee

2. DATE: April 5, 1999

(b) Number and Street Address: ☐ (Check if address is changed)
330 West 42nd St., 7th floor

3. FEC Identification Number:

(c) City, State and ZIP Code
NY, NY 10036

4. Is This Report An Amendment? ☐ YES ☒ NO

5. TYPE OF COMMITTEE (Check one)

☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)

☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate's Party Affiliation	Office Sought	State/District

☐ (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.

☐ (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

☒ (e) This committee is a separate segregated fund.

☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Service Employees Int'l Union (SEIU)	1313 L St. NW Washington, DC 20036	Connected organization
Service Employees Int'l Union Comm. on Political Education (COPE)	1313 L St. NW Washington, DC 20036	affiliated committee

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☒ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. Custodian of Records: Identify by name, address (phone number — optional) and position of the person in possession of committee books and records.

Full Name: Jennifer Cunningham
Mailing Address: 330 West 42nd St, 7th floor NY, NY 10036
Title or Position: Counsel

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name: Phyllis Harris
Mailing Address: 310 W 43rd St NY, NY 10036
Title or Position: Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.: Amalgamated Bank
Mailing Address and ZIP Code: 11-15 Union Square NY, NY 10003

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

TYPE OR PRINT NAME OF TREASURER: Phyllis Harris
SIGNATURE OF TREASURER: [signature]
DATE: 3/23/99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FE6AN121

FEC FORM 1
(revised 4/97)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 4-6-99
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

[illegible]	4-9-99
PREPARER	DATE PREPARED

(4/98)