03/19/2009 09:00

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND 330 WEST 42ND STREET, 7TH FLOOR ADDRESS (number and street) Check if different than previously **NEW YORK** NY 10036 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00348540 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 2009 03 3 1 NY Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2009 03 2009 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. **KEVIN FINNEGAN** Type or Print Name of Treasurer Electronically Filed by **KEVIN FINNEGAN** 03 19 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

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 [®] D " D 0 1 0 1 2009 0.3 11 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009 822096.41 January 1 (b) Cash on Hand at 822096.41 Begining of Reporting Period 1272055.11 1272055.11 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 2094151.52 2094151.52 6(a) and 6(c) for Column B) 1445475.90 1445475.90 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 648675.62 648675.62 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 546509.56 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

0 1 1^D1 м N 0 1 М М 2009 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A) 1272055.11 1272055.11 (ii) Unitemized (iii) TOTAL (add 1272055.11 1272055.11 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 1272055.11 1272055.11 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 1272055.11 1272055.11 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 1272055.11 1272055.11 (subtract Line 18(c) from Line 19)

23.

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 4059.00 4059.00 Expenditures..... (c) Total Operating Expenditures 4059.00 4059.00 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to Federal Candidates/Committees.....and Other Political Committees..... 0.00 0.00 24. Independent Expenditure 1441416.90 1441416.90 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 1445475.90 1445475.90 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 1445475.90 1445475.90 from Line 31).....

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)	1272055.11	1272055.11
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	1272055.11	1272055.11
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4059.00	4059.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	4059.00	4059.00

FE6AN026

State:

A.

SCHEDULE B (FEC Form 3X)

District:

FOR LINE NUMBER: PAGE 6/40 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the Detailed Summary Page 21b 22 23 26 27 28a 28b 28c 29 30b 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) Transaction ID: SB21B.6646 HOROWITZ & ULLMANN, P.C. Date of Disbursement 27 o[™] 1 2009 Mailing Address 275 MADISON AVENUE SUITE 902 City State Zip Code Amount of Each Disbursement this Period **NEW YORK** NY 10016 4050.00 Purpose of Disbursement **ACCOUNTING FEES** Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify)

		4050.00
SUBTOTAL of Disbursements This Page (optional)		4030.00
TOTAL This Period (last page this line number only)	•	4050.00

(Use separate schedule(s) for each numbered line) PAGE 7 / 40 9

FOR LINE NUMBER:		
(check only one)		9
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Excluding Loans

	ME OF COMMITTEE 99 SERVICE EMPL	'	FEDERAL POLITICAL ACTION FUN	ID	
		First, Middle Initial) of Debt O HEALTHCARE WOF	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS		
	Mailing Address 330) WEST 42ND STREE	Т		
	City NEW YORK	State NY	ZIP Code 10036		
	Outstanding Balance	e Beginning This Period		Transaction ID: SD10.6224	
		1418.39			
	Amount Incu	urred This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	1418.39	0.00	
Ī	, ,	First, Middle Initial) of Debt D HEALTHCARE WOF		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
	Mailing Address 330	WEST 42ND STREE	Т		
	City NEW YORK	State NY	ZIP Code 10036		
	Outstanding Balance	e Beginning This Period		Transaction ID: SD10.6225	
		145572.51			
	Amount Incu	ırred This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	145572.51	0.00	
		First, Middle Initial) of Debto D HEALTHCARE WOF		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
	Mailing Address 330	WEST 42ND STREE	Т		
	City NEW YORK	State NY	ZIP Code 10036		
	Outstanding Balance	e Beginning This Period		Transaction ID: SD10.6226	
		65696.53			
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
		0.00	65696.53	0.00	
1)	SUBTOTALS This F	Period This Page (optional)	0.00		
2)	TOTALS This Period	(last page this line numbe	>		
3)	TOTAL OUTSTANDI	NG LOANS from Scheo	•		
4)	ADD 2) and 3) and c	carry forward to appropriate	e line of Summary Page (last page only)	>	

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

PAGE 8 / 40 FOR LINE NUMBER: (check only one) 9 X 10

Excluding Loans

NAME OF COMMIT 1199 SERVICE I	,	FEDERAL POLITICAL ACTION FUNI	D	
	ast, First, Middle Initial) of Debtor	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS		
Mailing Address	330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036		
Outstanding E	Balance Beginning This Period		Transaction ID: SD10.6227	
	21859.06			
Amou	nt Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	21859.06	0.00	
	ast, First, Middle Initial) of Debto NITED HEALTHCARE WOR		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing Address	330 WEST 42ND STREET	-		
City NEW YORK	State NY	ZIP Code 10036		
Outstanding E	Balance Beginning This Period		Transaction ID: SD10.6228	
	24981.78			
Amoui	nt Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	24981.78	0.00	
	ast, First, Middle Initial) of Debton		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing Address	330 WEST 42ND STREET	-		
City NEW YORK	State NY	ZIP Code 10036		
Outstanding E	Balance Beginning This Period		Transaction ID: SD10.6230	
	185510.45			
Amoui	nt Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	185510.45	0.00	
1) SUBTOTALS	This Period This Page (optional).		0.00	
2) TOTALS This F	Period (last page this line number	only)	>	
3) TOTAL OUTST	ANDING LOANS from Schedu	>		
4) ADD 2) and 3)	and carry forward to appropriate	line of Summary Page (last page only)	>	

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

PAGE 9 / 40 FOR LINE NUMBER: (check only one) 9

Excluding Loans

Excluding Loans			numbered line)	X 10	
NAME OF COMMITTEE	(In Full)				
1199 SERVICE EMPI	LOYEES INT'L UNION F	EDERAL POLITICAL ACTION	FUND		
1					
	First, Middle Initial) of Debtor	Nature of De	bt (Purpose):		
1199 SEIU UNITE	D HEALTHCARE WORK	REIMBURS	SE STAFF SALARIES EFITS		
		AND DENE	1110		
Mailing Address 330	0 WEST 42ND STREET				
City	State	ZIP Code			
City NEW YORK	NY	10036			
		10030			
Outstanding Baland	ce Beginning This Period		Tran	saction ID: SD10.6231	
	266610.52				
Amount Inci	urred This Period	Payment This Period	Outstanding	g Balance at Close of This Period	
	0.00	266610.52		0.00	
B. Full Name (Last, F	First, Middle Initial) of Debtor	or Creditor	Nature of De	bt (Purpose):	
,	D HEALTHCARE WORK		REIMBURS	SE STAFF SALARIES	
			AND BENE	FITS	
Mailing Address 330	0 WEST 42ND STREET				
City	State	ZIP Code			
NEW YORK	NY	10036			
Outstanding Baland	ce Beginning This Period		Tran	saction ID: SD10.6232	
	134980.86				
Amount Inci	urred This Period	Payment This Period	Outstanding	g Balance at Close of This Period	
	0.00	134980.86		0.00	
C. Full Name (Last, F	First, Middle Initial) of Debtor	or Creditor	Nature of De	Nature of Debt (Purpose):	
	D HEALTHCARE WORK		REIMBURS	SE STAFF SALARIES	
			AND BENE	FIIS	
Mailing Address 330	0 WEST 42ND STREET				
City	State	ZIP Code			
NEW YORK	NY	10036			
Outstanding Baland	ce Beginning This Period		Tran	saction ID: SD10.6233	
	265349.28				
		Payment This Period			
Amount Inci	Amount Incurred This Period		Outstanding	g Balance at Close of This Period	
	0.00	265349.28		0.00	
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2) TOTALS This Period (last page this line number only)					
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PAGE 10 / 40 FOR

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NAME OF COMMITTEE 1199 SERVICE EMPL	'	I FEDERAL POLITICAL ACTION FUN	D	
	irst, Middle Initial) of Debt D HEALTHCARE WOI	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS		
Mailing Address 330	WEST 42ND STREE			
City NEW YORK	State NY	ZIP Code 10036		
Outstanding Balance	e Beginning This Period		Transaction ID: SD10.6234	
	231495.60			
Amount Incu	rred This Period	Payment This Period	Outstanding Balance at Close of This Period	
L	0.00	231495.60	0.00	
	irst, Middle Initial) of Debt D HEALTHCARE WOI		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing Address 330	WEST 42ND STREE	ET		
City NEW YORK	State NY	ZIP Code 10036		
Outstanding Balance	e Beginning This Period		Transaction ID: SD10.6235	
	30184.00			
Amount Incu	rred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	30184.00	0.00	
	irst, Middle Initial) of Debt D HEALTHCARE WOI		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing Address 330	WEST 42ND STREE	ΞT		
City NEW YORK	State NY	ZIP Code 10036		
Outstanding Balance	e Beginning This Period		Transaction ID: SD10.6236	
	40245.33			
Amount Incu	rred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	40245.33	0.00	
1) SUBTOTALS This F	Period This Page (optional))	0.00	
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3) TOTAL OUTSTANDII	NG LOANS from Sche	>		
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PAGE 11 / 40 FOR LINE NUMBER: (check only one)

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1199 SERVICE EMPL	OYFFS INT'I	UNION FEDERAL	POLITICAL	ACTION FUND

Excluding Loans		numbered line)	X 10	
NAME OF COMMITTEE (In Full)				
1199 SERVICE EMPLOYEES INT'L UNION F	EDERAL POLITICAL ACTION F	FUND		
A. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WORK		Nature of Debt (Purp REIMBURSE STA AND BENEFITS	ose): AFF SALARIES	
Mailing Address 330 WEST 42ND STREET				
City State NEW YORK NY	ZIP Code 10036			
Outstanding Balance Beginning This Period		Transaction	ID: SD10.6237	
49719.04				
Amount Incurred This Period	Payment This Period	Outstanding Balanc	e at Close of This Period	
0.00	14992.95		34726.09	
B. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WORK		Nature of Debt (Purp REIMBURSE STA AND BENEFITS	ose): AFF SALARIES	
Mailing Address 330 WEST 42ND STREET				
City State NEW YORK NY	ZIP Code 10036			
Outstanding Balance Beginning This Period		Transaction	ID: SD10.6238	
8493.33				
Amount Incurred This Period	Payment This Period	Outstanding Balance	e at Close of This Period	
0.00	0.00		8493.33	
C. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WORK		Nature of Debt (Purp REIMBURSE STA AND BENEFITS	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing Address 330 WEST 42ND STREET				
City State NEW YORK NY	ZIP Code 10036			
Outstanding Balance Beginning This Period		Transaction	ID: SD10.6240	
9557.09				
Amount Incurred This Period	Payment This Period	Outstanding Balanc	e at Close of This Period	
0.00	0.00		9557.09	
1) SUBTOTALS This Period This Page (optional)			52776.51	
2) TOTALS This Period (last page this line number o	nly)	>		
3) TOTAL OUTSTANDING LOANS from Schedul	>			
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(Use separate schedule(s) for each numbered line)

PAGE 12 / 40 FOR LINE NUMBER: (check only one)

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1199 SERVICE EMPLOYEES	I'TNI	UNION FEDERAL	POLITICAL	ACTION F	UND
1100 OLITAIOL LIVII LOTELL	, . _		OLI 10/1	/10110111	OIVD

Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full)			
1199 SERVICE EMPLOYEES INT'L U	INION FEDERAL POLITICAL ACT	TON FUND	
A. Full Name (Last, First, Middle Initial)	of Dobtor or Craditor	Noture of D	ebt (Purpose):
1199 SEIU UNITED HEALTHCARE		REIMBLIE	RSE STAFF SALARIES
1100 0210 0111125 1127 1271107 1112		AND BEN	EFITS
Mailing Address 330 WEST 42ND S	STREET		
0	710.0		
City State NEW YORK NY	ZIP Code 10036		
		_	
Outstanding Balance Beginning This F	Period	Trai	nsaction ID: SD10.6241
65588.32			
Amount Incurred This Period	Payment This Perio	od Outstandir	ng Balance at Close of This Period
0.00		0.00	65588.32
		111	, , , , , , , , , , , , , , , , , , , ,
B. Full Name (Last, First, Middle Initial)	of Debtor or Creditor	Nature of D	ebt (Purpose):
1199 SEIU UNITED HEALTHCARE	WORKERS EAST	REIMBUR	RSE STAFF SALARIES EFITS
M III A LL 000 M/F0T 40N/F 6	ATDEST.	AND BLIV	LITIS
Mailing Address 330 WEST 42ND S	STREET		
City State	ZIP Code		
NEW YORK NY	10036		
Outstanding Balance Beginning This F	Period	Tra	nsaction ID: SD10.6242
14545.49			
Amount Incurred This Period	Payment This Perio	od Outstandir	ng Balance at Close of This Period
	 	• • • • • • • • • • • • • • • • • • • •	
0.00		0.00	14545.49
C. Full Name (Last First Middle Initial)	of Dobton on One diton	Nature of D	aht (Duwanan)
C. Full Name (Last, First, Middle Initial) 1199 SEIU UNITED HEALTHCARE			ebt (Purpose): RSE STAFF SALARIES
		AND BEN	EFITS
Mailing Address 330 WEST 42ND S	STREET		
City State	ZIP Code		
NEW YORK NY	10036		
Outstanding Balance Beginning This F	Pariod	Tra	nsaction ID: SD10.6243
	end	Irai	nsaction ID: 3D10.6243
3157.42			
Amount Incurred This Period	Payment This Perio	od Outstandir	ng Balance at Close of This Period
0.00		0.00	3157.42
			0201 02
1) SUBTOTALS This Period This Page (c	pptional)	>	83291.23
2) TOTALS This Period (last page this line	number only)		
3) TOTAL OUTSTANDING LOANS from	n Schedule C (last page only)	>	
4) ADD 2) and 3) and carry forward to app	propriate line of Summary Page (last pag	e only)	

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

PAGE 13 / 40 FOR LINE NUMBER: 9 (check only one)

Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full)				
1199 SERVICE EMPLOYEE	S INT'L UNION FI	EDERAL POLITICAL ACTION	FUND	
A Full Name (Lest First Mi	ddla laitial) of Dalatar	ov Craditar	Notices of Dobt /F	lura a a a lu
A. Full Name (Last, First, Mid 1199 SEIU UNITED HEA			Nature of Debt (F	STAFF SALARIES
THOO GETO OTTITED THEAT			AND BENEFIT	S
Mailing Address 330 WES	T 42ND STREET			
01:	0	710.0		
City NEW YORK	State NY	ZIP Code 10036		
		10000		
Outstanding Balance Begir	ining This Period		Transact	ion ID: SD10.6244
56	6833.56			
Amount Incurred Th	nis Period	Payment This Period	Outstanding Ba	ance at Close of This Period
	0.00	0.00		56833.56
	0.00	0.00		0000.00
B. Full Name (Last, First, Mic	ddle Initial) of Debtor	or Creditor	Nature of Debt (F	'urpose):
1199 SEIU UNITED HEA	LTHCARE WORK	ERS EAST	REIMBURSE S	STAFF SALARIES S
	T (A) ID ATDEET		AIND BEINEFII	3
Mailing Address 330 WES	1 42ND STREET			
City	State	ZIP Code		
NEW YORK	NY	10036		
Outstanding Balance Begir	nning This Period		Transact	ion ID: SD10.6245
82	2522.06			
		Downsont This Davied	Outstanding Da	anne at Olean at This Deviced
Amount Incurred Th	 .	Payment This Period	Outstanding Ba	ance at Close of This Period
	0.00	0.00		82522.06
O F II Nove /Leat First M	state to Welly of Delega-	O d'h	Not an of Bolis (F	
C. Full Name (Last, First, Mid 1199 SEIU UNITED HEA			Nature of Debt (F	rurpose): STAFF SALARIES
1100 0210 0111125 1127	2111071112 1101111		AND BENEFIT	S
Mailing Address 330 WES	T 42ND STREET			
O'A.	Chaha	ZID Code		
City NEW YORK	State NY	ZIP Code 10036		
Outstanding Balance Begin			T	ID CD10 0040
1 1 1 1 1 1			iransact	ion ID: SD10.6246
78	3033.76			
Amount Incurred Th	nis Period	Payment This Period	Outstanding Ba	ance at Close of This Period
	0.00	0.00		78033.76
				217200 20
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-, . OTALO TINOT ONOU (last pa		" T /		
3) TOTAL OUTSTANDING LOA	ANS from Schedul	e C (last page only)	>	
4) ADD 2) and 3) and carry for	ward to appropriate li	ne of Summary Page (last page only)	>	

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

PAGE 14 / 40 FOR (chec

LINE NUMBER:		
ck only one)		9
	X	10

	1199 SERVICE EMPL	OYFES INT'I	UNION FEDERAL	POI ITICAL	ACTION FUND
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION	FEDERAL POLITICAL ACTION FUN	D
A. Full Name (Last, First, Middle Initial) of Debt 1199 SEIU UNITED HEALTHCARE WOR	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing Address 330 WEST 42ND STREE	T	
City State NEW YORK NY	ZIP Code 10036	
Outstanding Balance Beginning This Period		Transaction ID: SD10.6247
2812.96		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2812.96
B. Full Name (Last, First, Middle Initial) of Debt 1199 SEIU UNITED HEALTHCARE WOI		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREE	ET .	
City State NEW YORK NY	ZIP Code 10036	
Outstanding Balance Beginning This Period		Transaction ID: SD10.6248
5095.64		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	5095.64
C. Full Name (Last, First, Middle Initial) of Debt 1199 SEIU UNITED HEALTHCARE WOI		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREE	ET .	
City State NEW YORK NY	ZIP Code 10036	
Outstanding Balance Beginning This Period		Transaction ID: SD10.6249
12962.04		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	12962.04
1) SUBTOTALS This Period This Page (optional)	▶ 20870.64
2) TOTALS This Period (last page this line number	er only)	>
3) TOTAL OUTSTANDING LOANS from Sche	dule C (last page only)	>
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)	>

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

PAGE 15 / 40 FOR LINE NUMBER: 9 (check only one)

1199 SERVICE EMPLOYEES	I'TNI	UNION FEDERAL	POLITICAL	ACTION	FUND
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Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full)			
1199 SERVICE EMPLOYEES INT'L UN	IION FEDERAL POLITICAL ACT	ION FUND	
A. Full Name (Last, First, Middle Initial) of	Dobtor or Croditor	Nature of Deb	t (Purposo):
1199 SEIU UNITED HEALTHCARE			E STAFF SALARIES
1100 0210 0111120 112712111071112		AND BENEI	FITS
Mailing Address 330 WEST 42ND ST	REET		
0'1-	710.0 - 4-		
City State NEW YORK NY	ZIP Code 10036		
Outstanding Balance Beginning This Pe		_	0040 0004
	nod	irans	action ID: SD10.6284
10997.70			
Amount Incurred This Period	Payment This Perio	d Outstanding	Balance at Close of This Period
0.00		0.00	10997.70
0.00		5.00	10001.70
B. Full Name (Last, First, Middle Initial) of	Debtor or Creditor	Nature of Deb	t (Purpose):
1199 SEIU UNITED HEALTHCARE		REIMBURS	E STAFF SALARIES FITS
		AIND DEINEI	FIIS
Mailing Address 330 WEST 42ND ST	REET		
City State	ZIP Code		
NÉW YORK NY	10036		
Outstanding Balance Beginning This Pe	riod	Trans	action ID: SD10.6285
7231.75			
			D
Amount Incurred This Period	Payment This Perio	d Outstanding	Balance at Close of This Period
0.00		0.00	7231.75
C. Full Name (Last, First, Middle Initial) of 1199 SEIU UNITED HEALTHCARE		Nature of Deb	t (Purpose): E STAFF SALARIES
1199 SEIO ONITED HEALTHCARE	WORKERS EAST	AND BENEI	FITS
Mailing Address 330 WEST 42ND ST	REET		
City State NEW YORK NY	ZIP Code 10036		
Outstanding Balance Beginning This Pe	riod	Trans	action ID: SD10.6286
3434.67			
Amount Incurred This Period	Payment This Perio	d Outstanding	Balance at Close of This Period
0.00		0.00	3434.67
0.00		5.00	3434.07
			1 1 1 1 1 1 1 1
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4) ADD 2) and 3) and carry forward to appro	opriate line of Summary Page (last page	e only)	

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1199 SERVICE EMPL	OYFES INT'I	UNION FEDERAL	POLITICAL	ACTION FUND
TIOS OLITAIOL LIVII L			I OLITIOAL	ACTION TOND

Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full)			
1199 SERVICE EMPLOYEES INT'L UNION F	EDERAL POLITICAL ACTION F	JND	
A. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WORK		Nature of Debt (Purp REIMBURSE STAND BENEFITS	oose): AFF SALARIES
Mailing Address 330 WEST 42ND STREET			
City State NEW YORK NY	ZIP Code 10036		
Outstanding Balance Beginning This Period		Transaction	ı ID : SD10.6287
16789.92			
Amount Incurred This Period	Payment This Period	Outstanding Balan	ce at Close of This Period
0.00	0.00		16789.92
B. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCARE WORK	KERS EAST	Nature of Debt (Purp REIMBURSE STAND BENEFITS	oose): AFF SALARIES
Mailing Address 330 WEST 42ND STREET			
City State NEW YORK NY	ZIP Code 10036		
Outstanding Balance Beginning This Period		Transaction	n ID: SD10.6288
9286.03			
Amount Incurred This Period	Payment This Period	Outstanding Balan	ce at Close of This Period
0.00	0.00		9286.03
C. Full Name (Last, First, Middle Initial) of Debtor 4900 GROUP	or Creditor	Nature of Debt (Purp POSTCARDS-PF PPING, POSTAGE	RODUCTION, SHI-
Mailing Address 2001 N. BEAUREGARD STE. 420	TREET		
City State ALEXANDRIA VA	ZIP Code 22311		
Outstanding Balance Beginning This Period		Transaction	ID: SD10.6672
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balan	ce at Close of This Period
44393.75	0.00		44393.75
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3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	>	
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Excludin

EXC	cluding Loans			numbered line)	X 10	
	AME OF COMMITTEE (In F 99 SERVICE EMPLOY		EDERAL POLITICAL ACTION I	FUND		
	A. Full Name (Last, First, 4900 GROUP	Middle Initial) of Debtor	BROCHURE M	Nature of Debt (Purpose): BROCHURE MAILER-PRODUCTIO- N, SHIP., POST		
	Mailing Address 2001 N STE. 4		REET			
İ	City	State	ZIP Code			
	ALEXANDRIA	VA	22311			
	Outstanding Balance Be			Transacti	ion ID: SD10.6673	
		0.00				
	Amount Incurred	d This Period	Payment This Period	Outstanding Bal	ance at Close of This Period	
		44393.75	0.00		44393.75	
	B. Full Name (Last, First, AMERICAN EXPRESS	,	or Creditor Nature of Debt (Purpose): CATERING		urpose):	
	Mailing Address P.O. B	OX 2855				
	City	State	ZIP Code			
	NEW YORK	NY	10116-2855			
Outstanding Balance Beginning This Period				Transacti	ion ID: SD10.6289	
	240.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creation AVIS RENT A CAR SYSTEM, INC.		Payment This Period	Outstanding Pol	ones at Class of This Boried	
			Payment This Period	Outstanding Bai	ance at Close of This Period	
			0.00		240.00	
			or Creditor	Nature of Debt (P TRAVEL EXPE		
	Mailing Address 7876 (COLLECTIONS CTR	DRIVE			
	City	State	ZIP Code			
	CHICAGO	IL	60693			
	Outstanding Balance Be			Transacti	ion ID: SD10.6540	
	1156.12					
Amount Incurred This Period		Payment This Period	Outstanding Bal	ance at Close of This Period		
		0.00	0.00		1156.12	
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	ME OF COMMITTEE (In Fu 99 SERVICE EMPLOYE	,	FEDERAL POLITICAL ACTION FUND)	
	A. Full Name (Last, First, N JENNY BAUER	fliddle Initial) of Debt	Nature of Debt (Purpose): REIMBURSEMENT FOR CATERING EXPENSES		
	Mailing Address 2 WILCOTT PARK				
	City State ZIP Code MEDFORD MA 02155				
	Outstanding Balance Beg	inning This Period		Transaction ID: SD10.6541	
		51.03			
	Amount Incurred		Payment This Period	Outstanding Balance at Close of This Period	
		0.00	7.38	43.65	
	B. Full Name (Last, First, N LILLIAN CARINO	fiddle Initial) of Debto	or or Creditor	Nature of Debt (Purpose): REIMBURSEMENT FOR TRAVEL EXPENSES	
	Mailing Address 327 SAI APT. 2N		VENUE		
	City State ZIP Code NEW YORK NY 10027-3609				
	Outstanding Balance Beg	inning This Period	Transaction ID: SD10.6508		
		45.00			
	Amount Incurred	his Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00			45.00	
	C. Full Name (Last, First, MENTERPRISE RENT-A-		or or Creditor	Nature of Debt (Purpose): TRAVEL EXPENSES	
	Mailing Address P.O. BC	X 840173			
	City KANSAS CITY	State MO	ZIP Code 64184-0173		
	Outstanding Balance Beg	inning This Period		Transaction ID: SD10.6510	
		82.37			
	Amount Incurred This Period Payment This Period		Outstanding Balance at Close of This Period		
		0.00	82.37	0.00	
1)	SUBTOTALS This Period	This Page (optional)	88.65		
2)	2) TOTALS This Period (last page this line number only)				
3)	TOTAL OUTSTANDING LO	DANS from Scheo	dule C (last page only)		
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(Use separate schedule(s) for each numbered line) PAGE 19 / 40

FOR LINE NUMBER: (check only one) 9

BTS AND OBLIGATIONS	
luding Loans	

Exc 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): **ENTERPRISE RENT-A-CAR** TRANSPORTATION COSTS Mailing Address P.O. BOX 840173 State ZIP Code City KANSAS CITY MO 64184-0173 Outstanding Balance Beginning This Period Transaction ID: SD10.6528 503.32 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 503.32 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRANSPORTATION COSTS **ENTERPRISE RENT-A-CAR** Mailing Address P.O. BOX 840173 7IP Code City State KANSAS CITY 64184-0173 MO Outstanding Balance Beginning This Period Transaction ID: SD10.6529 1948.96 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1948.96 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): HORIZON BUS INC. TRANSPORTATION COSTS Mailing Address P.O. BOX 64 ZIP Code City State **BELLPORT** 11713-0064 NY Outstanding Balance Beginning This Period Transaction ID: SD10.6530 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3000.00 0.00 0.00 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)

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Excluding	Loans
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Excludi	ng Loans		numbered line)	bered line) X 10			
	OF COMMITTEE (In F						
1199 S	SERVICE EMPLOY	EES INT'L UNION F	EDERAL POLITICAL ACTION F	FUND			
		Middle Initial) of Debtor	or Creditor	Nature of Debt (P			
ANT	ONELLA PECHTE	ΞL		REIMBURSEM PENSE	REIMBURSEMENT CATERING EX-		
				— I LINOL			
Maili	ng Address 401 Ro	OSE AVE					
0:1		01-1-	ZIP Code				
City	HENECTADY	State NY	12308				
301	TENECTADI	INT	12306				
0	utstanding Balance Be	eginning This Period		Transacti	ion ID: SD10.6531		
		201.39					
	Amount Incurred	d This Period	Payment This Period	Outstanding Bal	Outstanding Balance at Close of This Period		
		0.00	0.00		201.39		
B	Full Name (Last_First	Middle Initial) of Debtor	or Creditor	Nature of Debt (P	nituose).		
	ON TRAVEL MAS		or orealtor	TRAVEL EXPE			
Maili	ng Address P.O. B	OX 88000					
City		State	ZIP Code				
BAL	TIMORE	MD	21288				
0	Outstanding Balance Beginning This Period			Transacti	ion ID: SD10.6297		
1557.29				Transast.	001101		
Amount Incurred This Period		Payment This Period	Outstanding Bal	ance at Close of This Period			
		0.00		1557.29			
	0.00		0.00		1557.29		
		MC-Lille Left all at Dalata	0 1'1	Nature of Dalet (D			
	-uii Name (Last, First, ON TRAVEL MAS	Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose): TRAVEL EXPENSES		
OINI	ON THAVEL WAS	TENCAND		INAVELENTE	INOLO		
Maili	ng Address P.O. B	.OX 88000			-		
IVIGIII	ng Address T.O. D	OX 00000					
City		State	ZIP Code				
BÁL	TIMORE	MD	21288				
	utstanding Balance Be	eginning This Period		Transacti	ion ID: SD10.6298		
	diotaliang Balance Bi			Halisacti	1011 ID: 3D 10.0290		
		2277.98					
	Amount Incurred	d This Period	Payment This Period	Outstanding Bal	ance at Close of This Period		
		0.00					
		0.00	0.00		2277.98		
				•	4036.66		
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I 199 SERVICE EMPLOTEES INTL	. UNION FEDERAL	. POLITICAL	ACTION FUND

	OMMITTEE (In FI ICE EMPLOY		N FEDERAL POLITICAL ACTION FUND)		
	ame (Last, First, RAVEL MAS	Middle Initial) of Del TERCARD	Nature of Debt (Purpose): TRAVEL EXPENSES			
Mailing Ad	Mailing Address P.O. BOX 88000					
City BALTIMO	City State ZIP Code BALTIMORE MD 21288 Outstanding Balance Beginning This Period			Transaction ID: SD10.6300		
Outstar						
		524.82				
,	Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period		
		0.00	0.00	524.82		
	ame (Last, First, RAVEL MAS	Middle Initial) of Del TERCARD	btor or Creditor	Nature of Debt (Purpose): CATERING EXPENSES		
Mailing Ad	dress P.O. B	OX 88000				
City BALTIMO	City State ZIP Code BALTIMORE MD 21288					
Outstar	ding Balance Be	eginning This Period		Transaction ID: SD10.6301		
		1674.86				
,	Amount Incurred This Period Payment This Period 0.00 0.00			Outstanding Balance at Close of This Period		
				1674.86		
	ame (Last, First, RAVEL MAS	Middle Initial) of Del TERCARD	btor or Creditor	Nature of Debt (Purpose): CATERING		
Mailing Ad	dress P.O. B	OX 88000				
City BALTIM(ORE	State MD	ZIP Code 21288			
Outstar	ding Balance Be	eginning This Period		Transaction ID: SD10.6302		
	6925.90 Amount Incurred This Period Payr					
,			Payment This Period	Outstanding Balance at Close of This Period		
		0.00	0.00	6925.90		
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Excluding Loans

	1199 SERVICE EMPL	OYFES INT'I	UNION FEDERAL	POI ITICAL	ACTION FUND
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excluding Loans			X 10
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES I	NT'L UNION FE	DERAL POLITICAL ACTION FU	JND
A. Full Name (Last, First, Middle UNION TRAVEL MASTERC		r Creditor	Nature of Debt (Purpose): TRANSPORTATION COSTS
Mailing Address P.O. BOX 88	3000		
City Sta BALTIMORE MI		ZIP Code 21288	
Outstanding Balance Beginning	g This Period		Transaction ID: SD10.6515
53	9.45		
Amount Incurred This F	Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	539.45
B. Full Name (Last, First, Middle UNION TRAVEL MASTERC.		r Creditor	Nature of Debt (Purpose): TRANSPORTATION COSTS
Mailing Address P.O. BOX 88	3000		
City Sta BALTIMORE MI		ZIP Code 21288	
Outstanding Balance Beginning	a This Period		Transaction ID: SD10.6516
	8.20		Hallsaction ib. 3D10.0310
Amount Incurred This F		Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	798.20
C. Full Name (Last, First, Middle UNION TRAVEL MASTERC		r Creditor	Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88	3000		
City Sta BALTIMORE MI		ZIP Code 21288	
Outstanding Balance Beginnin	g This Period		Transaction ID: SD10.6517
363	7.84		
Amount Incurred This F	Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	3637.84
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1199 SERVICE EMPLOYEES	I'TNI	UNION FEDERAL	POLITICAL	ACTION F	UND
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Excluding Loans			numbered line)	X 10	
NAME OF COMMITTEE	E (In Full)				
1199 SERVICE EMP	PLOYEES INT'L UNION F	EDERAL POLITICAL ACTION FU	UND		
	First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Pu		
UNION TRAVEL I	MASTERCARD	CATERING EXI	PENSES		
Mailing Address P.	.O. BOX 88000				
City	State				
City BALTIMORE	MD	ZIP Code 21288			
_					
Outstanding Balar	nce Beginning This Period	Transaction	on ID: SD10.6518		
	1849.15				
Amount Inc	curred This Period	Payment This Period	Outstanding Bala	nce at Close of This Period	
7 tillount int			Outstanding Baid		
	0.00	0.00		1849.15	
B. Full Name (Last,	First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Pu	ırpose):	
UNION TRAVEL I		BEVERAGE EX			
Mailing Address P.	.O. BOX 88000				
0	21.1	710.0			
City BALTIMORE	State MD	ZIP Code 21288			
Outstanding Balar	nce Beginning This Period	Transaction	on ID: SD10.6519		
	835.02				
Amount Inc	curred This Period	Payment This Period	Outstanding Pole	nce at Close of This Period	
Amount in	curred Triis Feriod	rayment mis renou	Outstanding Bala	lice at Close of This Feriod	
	0.00	0.00		835.02	
	First, Middle Initial) of Debtor	Nature of Debt (Pu			
UNION TRAVEL I	MASTERCARD	TRAVEL EXPE	NSES		
Mailing Address D	O POV 00000				
Mailing Address P.	.O. BOX 88000				
City	State	ZIP Code			
BÁLTIMORE	MD	21288			
Outstanding Ralar	nce Beginning This Period		Transcation	on ID: SD10.6520	
Catataliang Data			rransactio	JII ID. OD 10.0020	
	435.95				
Amount Inc	curred This Period	Payment This Period	Outstanding Bala	nce at Close of This Period	
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Exc	luding	Loans

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State ZIP Code BALTIMORE MD 21288 Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State ZIP Code UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State ZIP Code BALTIMORE MD 21288 Outstanding Balance Beginning This Period City State ZIP Code BALTIMORE MD 21288 Outstanding Balance Beginning This Period Transaction ID: SD10.6533	cidding Loans			, Χ 10
Mailing Address P.O. BOX 88000 City State ZIP Code BALTIMORE MD 21288 Outstanding Balance Beginning This Period 1056.95 Amount Incurred This Period 0.00 0.00 1056.95 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD Outstanding Balance Beginning This Period 21288 Outstanding Balance Beginning This Period 2372.04 Amount Incurred This Period Payment This Period 0.00 0.00 1056.33 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1000 0.00 1000 1000 1000 1000 1000 100	,	,	FEDERAL POLITICAL ACTION FUN	D
City State MD 21288 Outstanding Balance Beginning This Period 1056.95 Amount Incurred This Period 0.0.0 0.00 1056.95 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD Outstanding Balance Beginning This Period 21288 Outstanding Balance Beginning This Period 22372.04 Amount Incurred This Period Payment This Period 0.0.00 0.00 0.00 0.00 0.00 0.00 0.00				
Delication ID: SD10.6521 Outstanding Balance Beginning This Period 1056.95 Amount Incurred This Period 0.00 0	Mailing Address P.O.	BOX 88000	_	
Amount Incurred This Period	'			
Amount Incurred This Period	Outstanding Balance	Beginning This Period		Transaction ID: SD10.6521
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State ZIP Code BALTIMORE MD 21288 Outstanding Balance Beginning This Period 2372.04 Amount Incurred This Period Payment This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State ZIP Code BALTIMORE MD 21288 Outstanding Balance at Close of This Period TRAVEL EXPENSES Mailing Address P.O. BOX 88000 City State ZIP Code BALTIMORE MD 21288 Outstanding Balance Beginning This Period 21288 Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Outstanding Balance at Close		1056.95		
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State ZIP Code 21288 Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period UNION TRAVEL MASTERCARD C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State ZIP Code BALTIMORE MD 21288 Outstanding Balance Beginning This Period Payment This Period UNION TRAVEL EXPENSES Transaction ID: SD10.6522 TRAVEL EXPENSES Transaction ID: SD10.6533	Amount Incur	red This Period	Outstanding Balance at Close of This Period	
UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State ZIP Code BALTIMORE MD 21288 Outstanding Balance Beginning This Period 2372.04 Amount Incurred This Period Payment This Period 0.00 0.00 2372.04 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State ZIP Code BALTIMORE MD 21288 Outstanding Balance Beginning This Period 21288 Outstanding Balance Beginning This Period 367.37 Amount Incurred This Period Payment This Period 0.00 0.00 367.37 Amount Incurred This Period Payment This Period 0.00 0.00 367.37 Outstanding Balance at Close of This Period 0.00 0.00 367.37 Transaction ID: SD10.6533 Transaction ID: SD10.6533		0.00	1056.95	
City State ZIP Code BALTIMORE MD 21288 Outstanding Balance Beginning This Period 2372.04 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2372.04 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State ZIP Code BALTIMORE MD 21288 Outstanding Balance Beginning This Period 367.37 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period Outstandin				
BÂLTIMORE MD 21288 Outstanding Balance Beginning This Period 2372.04 Amount Incurred This Period 0.00 0.00 0.00 2372.04 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State ZIP Code BALTIMORE MD 21288 Outstanding Balance Beginning This Period 21288 Outstanding Balance Beginning This Period 0.00 0.00 0.00 367.37 Amount Incurred This Period Payment This Period 0.00 0.00 367.37 Outstanding Balance at Close of This Period 0.00 0.00 367.37 Outstanding Balance at Close of This Period 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	Mailing Address P.O.	BOX 88000		
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2372.04 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State ZIP Code BALTIMORE MD 21288 Outstanding Balance Beginning This Period 367.37 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period Outstand	1 '			
Amount Incurred This Period 0.00 0.00 0.00 0.00 0.00 2372.04 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State ZIP Code BALTIMORE MD 21288 Outstanding Balance Beginning This Period 367.37 Amount Incurred This Period Payment This Period 0.00 0.00 0.00 367.37 Amount Incurred This Period Payment This Period 0.00 367.37 DUBTOTALS This Period (last page this line number only) TOTAL OUTSTANDING LOANS from Schedule C (last page only).	Outstanding Balance	Beginning This Period	Transaction ID: SD10.6522	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State ZIP Code BALTIMORE MD 21288 Outstanding Balance Beginning This Period 367.37 Amount Incurred This Period Payment This Period 0.00 0.00 SUBTOTALS This Period (last page this line number only)		2372.04		
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State ZIP Code BALTIMORE MD 21288 Outstanding Balance Beginning This Period 367.37 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 367.37 Amount Incurred This Period Pout This Period Outstanding Balance at Close of This Period 367.37 SUBTOTALS This Period This Page (optional)	Amount Incur	red This Period	Outstanding Balance at Close of This Period	
UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State ZIP Code BALTIMORE MD 21288 Outstanding Balance Beginning This Period 367.37 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 367.37 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 367.37 SUBTOTALS This Period This Page (optional) 73796.36 TOTALS This Period (last page this line number only) 700 700 700 700 700 700 700 700 700 70		0.00	0.00	2372.04
City State ZIP Code BALTIMORE MD 21288 Outstanding Balance Beginning This Period 367.37 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 367.37 SUBTOTALS This Period This Page (optional)				
Dutstanding Balance Beginning This Period 367.37 Amount Incurred This Period 0.00 Payment This Period Outstanding Balance at Close of This Period 0.00 367.37 SUBTOTALS This Period This Page (optional) TOTAL OUTSTANDING LOANS from Schedule C (last page only) Transaction ID: SD10.6533 Outstanding Balance at Close of This Period 367.37	Mailing Address P.O.	BOX 88000	_	
Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 367.37 SUBTOTALS This Period This Page (optional)	1 '			
Amount Incurred This Period	Outstanding Balance Beginning This Period			Transaction ID: SD10.6533
0.00 0.00 367.37 SUBTOTALS This Period This Page (optional)		367.37		
) SUBTOTALS This Period This Page (optional)	Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period
) TOTALS This Period (last page this line number only)		0.00	0.00	367.37
) TOTAL OUTSTANDING LOANS from Schedule C (last page only)) SUBTOTALS This Pe	eriod This Page (optional).		▶ 3796.36
, To the office of the control of th) TOTALS This Period (I	ast page this line number	only)	>
) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)) TOTAL OUTSTANDING	G LOANS from Sched	ule C (last page only)	>
) ADD 2) and 3) and ca	arry forward to appropriate	line of Summary Page (last page only)	>

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

PAGE 25 / 40 FOR LINE NUMBER: (check only one)

Excluding Loans

	1199 SERVICE EMPL	OYFES INT'I	UNION FEDERAL	POI ITICAL	ACTION FUND
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XC	luding Loans			X 10
	ME OF COMMITTEE (In Fu 99 SERVICE EMPLOYE		EDERAL POLITICAL ACTION FUN	ID
	A. Full Name (Last, First, MUNION TRAVEL MASTE		or Creditor	Nature of Debt (Purpose): TRAVEL EXPENSES
-	Mailing Address P.O. BO	X 88000		
City State BALTIMORE MD			ZIP Code 21288	_
	Outstanding Balance Beg	inning This Period		Transaction ID: SD10.6535
		262.40		
	Amount Incurred 1	This Period	Payment This Period	Outstanding Balance at Close of This Period
		0.00	0.00	262.40
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 BALTIMORE	State MD	ZIP Code 21288	
Outstanding Balance Beginning This Period 477.00 Amount Incurred This Period				Transaction ID: SD10.6536
				Transaction is. OB 10.0000
			Payment This Period	Outstanding Balance at Close of This Period
		0.00	0.00	477.00
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000			or Creditor	Nature of Debt (Purpose): TRAVEL EXPENSES
	City BALTIMORE	State MD	ZIP Code 21288	
ſ	Outstanding Balance Beg	inning This Period		Transaction ID: SD10.6537
		524.80		
	Amount Incurred 1	This Period	Payment This Period	Outstanding Balance at Close of This Period
		0.00	0.00	524.80
	SUBTOTALS This Period	This Page (optional)		1264.20
2)	TOTALS This Period (last p	page this line number o	nly)	
- 3)	TOTAL OUTSTANDING LO	DANS from Schedul	e C (last page only)	•
_			ne of Summary Page (last page only)	
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(Use separate schedule(s) for each numbered line)

PAGE 26 / 40 FOR LINE NUMBER: (check only one)

Excluding	Loan
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cluding Loans			X 10
AME OF COMMITTEE 199 SERVICE EMP	` ,	EDERAL POLITICAL ACTION FUN	ID
	First, Middle Initial) of Debtor		Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.	O. BOX 88000		
City BALTIMORE	State MD	ZIP Code 21288	
Outstanding Balance Beginning This Period			Transaction ID: SD10.6538
	1115.00		
Amount Inc	curred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	1115.00
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 BALTIMORE	State MD	ZIP Code 21288	
	ce Beginning This Period		Transaction ID: SD10.6539
Guidianing Balan	419.84		Transaction ib. 3D10.0339
Amount Inc	curred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	419.84
	0.00	0.00	419.84
C. 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 BALTIMORE	State MD	ZIP Code 21288	
Outstanding Balan	ce Beginning This Period		Transaction ID: SD10.6545
	539.45		
Amount Inc	curred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	539.45
) SUBTOTALS This	Period This Page (optional)		▶ 2074.29
•		only)	>
) TOTAL OUTSTAND		le C (last page only)	>
		ine of Summary Page (last page only)	
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SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

E

(Use separate schedule(s)

PAGE 27 / 40 FOR LINE NUMBER:

Εx	cluding Loans			pered line)	(Check only one)	X 10
	AME OF COMMITTEE (In Full) 199 SERVICE EMPLOYEES INT'L UNION FE	EDERAL POLITICAL ACTION F	FUND			
	A. Full Name (Last, First, Middle Initial) of Debtor of UNION TRAVEL MASTERCARD	Nature of Debt (Purpose): CATERING EXPENSES				
	Mailing Address P.O. BOX 88000					
	City State BALTIMORE MD	ZIP Code 21288				
	Outstanding Balance Beginning This Period 2552.60			Tra	nsaction ID: SD10.6	546
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of	This Period
	0.00	0.00			2	552.60
	B. Full Name (Last, First, Middle Initial) of Debtor of UNION TRAVEL MASTERCARD	or Creditor			ebt (Purpose): G EXPENSES	
	Mailing Address P.O. BOX 88000					
	City State BALTIMORE MD	ZIP Code 21288				
	Outstanding Balance Beginning This Period			Tra	nsaction ID: SD10.6	548
	3224.16 Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of	This Period
	0.00	0.00				224.16
1)	SUBTOTALS This Period This Page (optional)				5776.	76
2)	TOTALS This Period (last page this line number or	nly)			546509.	56
3)	TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	•		0.0	00

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

546509.56

TEMIZED INDEPENDENT EXPENDITURES	PAGE 28 / 40
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	FEC IDENTIFICATION NUMBER C C00348540
Check if 24-hour notice 48-hour notice	C C00348540
	Deta
Full Name (Last, First, Middle, Initial) of Payee 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Date M M
Mailing Addysoo	
Mailing Address 330 WEST 42ND STREET	Amount 1418.39
City.	Transaction ID: SE.6649
City State Zip Code NEW YORK NY 10036	Office Sought: House State: PA
Purpose of Expenditure REIMBURSE STAFF SALA- RIES & BENEFITS Category/ Type	Senate District: X Presidential
	Check One: X Support Oppose
BARACK OBAMA	
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election 12959.30	Other (specify) :
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
1199 SEIU UNITED HEALTHCARE WORKERS EAST	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address	Amount
330 WEST 42ND STREET	145572.51
	Transaction ID: SE.6650
City State Zip Code NEW YORK NY 10036	Office Sought: House State: WI
Purpose of Expenditure	Senate District:
REIMBURSE STAFF SALA- RIES & BENEFITS Category/ Type	X Presidential
Name of rederal Candidate supported of Opposed by expenditure.	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
	Other (specify):
Calendar Year-To-Date Per Election 145572.51	2008
for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	146990.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in co or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the re- committee) any political party committee or its agent.	
TM TM T	D D Y Y Y Y
KEVIN FINNEGAN Date 03	19 2009
Signature	

TEMIZED INDEPENDENT EX	PENDITURE	S		PAGE 29 / 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
1199 SERVICE EMPLOYEES INT'L UNION F AL ACTION FUND	EDERAL POLITIC-			C C00348540
Check if 24-hour notice 48-	nour notice			
Full Name (Last, First, Middle, Initial) of Pay	/ee		Date	
1199 SEIU UNITED HEALTHCARE WOF			M M /	14 7 2009
Mailing Address			Amount	
330 WEST 42ND STREET				65696.53
City	State	Zip Code		n ID: SE.6651
NEW YORK	NY	10036	Office Sough	
Purpose of Expenditure REIMBURSE STAFF SALA- RIES & BENEFITS		Category/ Type		Senate District: X Presidential
Name of Federal Candidate supported or OBARACK OBAMA	pposed by expenditu	ıre:	Check One:	X Support Oppose
BARACK OBAWA			Disbursemen	t For: Primary X General
01 1 7 7 5 5 5 5 7			Othe	er (specify) :
Calendar Year-To-Date Per Election		65696.53	2008	· · · · · · · · · · · · · · · · · · ·
for Office Sought				
Full Name (Last, First, Middle, Initial) of Pay	/ee		Date	
1199 SEIU UNITED HEALTHCARE WOF	KERS EAST		0 1 /	14 / Y Y Y Y Y Y Y
Mailing Address			Amount	
330 WEST 42ND STREET				21859.06
011	Otala	7' - 0 - 1 -	Transaction	n ID: SE.6653
City NEW YORK	State NY	Zip Code 10036	Office Sough	t: House State: CO
Purpose of Expenditure			-	Senate District:
REIMBURSE STAFF SALA- RIES & BENEFITS		Category/ Type		X Presidential
Name of Federal Candidate supported or O	pposed by expenditu	ure:	Check One:	X Support Oppose
BARACK OBAMA			Disbursemen	nt For: Primary X General
				er (specify) :
Calendar Year-To-Date Per Election		21859.06	2008	er (Specify)
for Office Sought				
(a) SUBTOTAL of Itemized Independent Expe	enditures			87555.59
(b) SUBTOTAL of Unitemized Independent E	xpenditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ- or at the request or suggestion of, any candidate o committee) any political party committee or its age	r authorized committee			
		M M	D D	Y
KEVIN FINNEGAN		Date 0.3		2009
Signature				

TEMIZED INDEPENDENT EX	PENDITURE	S		PAGE 30 / 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
1199 SERVICE EMPLOYEES INT'L UNION F AL ACTION FUND	EDERAL POLITIC-			C C00348540
Check if 24-hour notice 48-	hour notice			
Full Name (Last, First, Middle, Initial) of Pa	vee		Date	
1199 SEIU UNITED HEALTHCARE WOF	•		M M /	D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 330 WEST 42ND STREET			Amount	04004.70
				24981.78
City	State	Zip Code		n ID: SE.6654
NEW YORK	NY	10036	Office Sough	
Purpose of Expenditure REIMBURSE STAFF SALA- RIES & BENEFITS		Category/ Type		Senate District: X Presidential
Name of Federal Candidate supported or C	pposed by expenditu	ıre:	Check One:	X Support Oppose
BARACK OBAMA			Disbursemen	nt For: Primary X General
			Othe	er (specify) :
Calendar Year-To-Date Per Election for Office Sought	L	24981.78	2008	(1 2/
Full Name (Last, First, Middle, Initial) of Pag	yee		Date	
1199 SEIU UNITED HEALTHCARE WOF	RKERS EAST		0 1	14 2009
Mailing Address			Amount	
330 WEST 42ND STREET				185510.45
City	State	Zip Code	Transaction	n ID: SE.6655
NEW YORK	NY	10036	Office Sough	it: House State: CO
Purpose of Expenditure		Ostsman		Senate District:
REIMBURSE STAFF SALA- RIES & BENEFITS		Category/ Type		X Presidential
Name of Federal Candidate supported or C	pposed by expenditu	ıre:	Check One:	X Support Oppose
BARACK OBAMA			Disbursemen	nt For: Primary X General
				er (specify) :
Calendar Year-To-Date Per Election	L	207369.51	2008	or (opcony)
for Office Sought				
(a) SUBTOTAL of Itemized Independent Expe	enditures			210492.23
(b) CURTOTAL of Haitening display and art F	a.a. alitaa.a			
(b) SUBTOTAL of Unitemized Independent E	xpenditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate o committee) any political party committee or its age	r authorized committee			
				V V V V
KEVIN FINNEGAN		Date 03		2009
Signature				

TEMIZED INDEPENDENT EX	PENDITURE	5			PAGE 31 / 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)					
1199 SERVICE EMPLOYEES INT'L UNION F AL ACTION FUND	EDERAL POLITIC-				NTIFICATION NUMBER © 00348540
Check if 24-hour notice 48-l	nour notice			O ·	
Full Name (Last, First, Middle, Initial) of Pay			Date		
1199 SEIU UNITED HEALTHCARE WOF			M M /	D D 1 4	Y Y Y Y Y Y Y Y
Mailing Address 330 WEST 42ND STREET			Amount		000010 50
			L		266610.52
City	State	Zip Code	Transaction	n ID: SE	6656
NEW YORK	NY	10036	Office Sough	t: H	ouse State: FL
Purpose of Expenditure REIMBURSE STAFF SALA- RIES & BENEFITS	(Category/ Type		X Pi	enate District: residential
Name of Federal Candidate supported or OBARACK OBAMA	pposed by expenditu	re:	Check One:	X Su	ipport Oppose
BARACK OBAIVIA			Disbursemen	t For:	Primary X General
			Othe	er (specify	v):
Calendar Year-To-Date Per Election for Office Sought		332307.05	2008	``	,
Full Name (Last, First, Middle, Initial) of Pay	/ee		Date		
1199 SEIU UNITED HEALTHCARE WOF	KERS EAST		0 1 /	D D 1 4	Y 2009
Mailing Address			Amount		
330 WEST 42ND STREET			Transaction	n ID. SE	134980.86
City	State	Zip Code	Office Sough		ouse State: MI
NEW YORK	NY	10036			enate District:
Purpose of Expenditure REIMBURSE STAFF SALA- RIES & BENEFITS		Category/ Type			residential
Name of Federal Candidate supported or O	pposed by expenditu	re:	Check One:	X Su	ipport Oppose
BARACK OBAMA			Disbursemen	t For	Primary X General
					():
Calendar Year-To-Date Per Election for Office Sought		134980.86	2008	er (specify	·// ·
(a) SUBTOTAL of Itemized Independent Expe	enditures				401591.38
(b) SUBTOTAL of Unitemized Independent E	xpenditures				
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independence or at the request or suggestion of, any candidate ocommittee) any political party committee or its age	r authorized committee				
KEVIN FINNEGAN		Date 03		Ý 0 Ý 9 Ý	Y
Signature					-

TEMIZED INDEPENDENT EXP	ENDITURES	PAGE 32 / 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FE AL ACTION FUND	DERAL POLITIC-	C C00348540
Check if 24-hour notice 48-ho	ur notice	0 333333
Full Name (Last, First, Middle, Initial) of Paye	е	Date
1199 SEIU UNITED HEALTHCARE WORK	ERS EAST	01 28 7 2009
Mailing Address 330 WEST 42ND STREET		Amount 265349.28
City	State Zip Code	Transaction ID: SE.6658
NEW YORK	NY 10036	Office Sought: House State: OH
Purpose of Expenditure REIMBURSE STAFF SALA- RIES & BENEFITS	Category/ Type	Senate District: X Presidential
Name of Federal Candidate supported or Opp	oosed by expenditure:	Check One: X Support Oppose
BARACK OBAMA		Disbursement For: Primary X General
Calendar Year-To-Date Per Election	265349.28	Other (specify) :
for Office Sought		
Full Name (Last, First, Middle, Initial) of Paye	e	Date
1199 SEIU UNITED HEALTHCARE WORK	ERS EAST	0 1 2 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount
330 WEST 42ND STREET		
		231495.60
City	State Zip Code	Transaction ID: SE.6659
NEW YORK	NY 10036	Office Sought: House State: PA Senate District:
Purpose of Expenditure	Category/	X Presidential
REIMBURSE STAFF SALA- RIES & BENEFITS	Туре	
Name of Federal Candidate supported or Opp	oosed by expenditure:	Check One: X Support Oppose
BARACK OBAMA		Disbursement For: Primary X General
		Other (specify) :
Calendar Year-To-Date Per Election	250454.90	2008
for Office Sought		
(a) SUBTOTAL of Itemized Independent Expen	ditures	496844.88

(b) SUBTOTAL of Unitemized Independent Exp	enditures	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independen or at the request or suggestion of, any candidate or a committee) any political party committee or its agent.	uthorized committee or agent of either, or	
IVENUM FINISHES AND	M	M D D Y Y Y Y Y
KEVIN FINNEGAN	Date 0	3 19 2009
Signature		

TEMIZED INDEPENDENT EXPENDITURES	PAGE 33 / 40
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	FEC IDENTIFICATION NUMBER C C00348540
Check if 24-hour notice 48-hour notice	C C00348540
Full Name (Last, First, Middle, Initial) of Payee	Date
1199 SEIU UNITED HEALTHCARE WORKERS EAST	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	Amount
330 WEST 42ND STREET	30184.00
City State Zip Code	Transaction ID: SE.6660
	Office Sought: House State: OH
Purpose of Expenditure REIMBURSE STAFF SALA- RIES & BENEFITS Category/ Type	Senate District: X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
	Disbursement For: Primary X General Other (specify) :
Calendar Year-To-Date Per Election 295533.28	2008
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
1199 SEIU UNITED HEALTHCARE WORKERS EAST	$\begin{bmatrix} M & M \\ O & 2 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 1 & 2 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
Mailing Address	Amount
330 WEST 42ND STREET	40245.33
City State Zip Code	Transaction ID: SE.6661
NEW YORK NY 10036	Office Sought: House State: PA
Purpose of Expenditure	Senate District:
REIMBURSE STAFF SALA- RIES & BENEFITS Category/ Type	X Presidential
Name of rederal Candidate supported of Opposed by expenditure.	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
	.,
Calendar Year-To-Date Per Election 290700.23	Other (specify) : 2008
for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	70429.33
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	
_ M · M	D D Y Y Y Y
KEVIN FINNEGAN Date 0.3	19 2009
Signature	

TEMIZED INDEPENDENT EXPENDITURES	PAGE 34 / 40
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	FEC IDENTIFICATION NUMBER
Check if 24-hour notice 48-hour notice	C C00348540
Full Name (Last, First, Middle, Initial) of Payee	Date
1199 SEIU UNITED HEALTHCARE WORKERS EAST	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	Amount
330 WEST 42ND STREET	14992.95
City State Zip Code	Transaction ID: SE.6662
NEW YORK NY 10036	Office Sought: House State: WI
Purpose of Expenditure REIMBURSE STAFF SALA- RIES & BENEFITS Category/ Type	Senate District: X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
	.,
Calendar Year-To-Date Per Election 160565.46	Other (specify) : 2008
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
4900 GROUP	M M / D D / Y Y Y Y
Mailing Addysos	
Mailing Address 2001 N. BEAUREGARD STREET	Amount
STE. 420	44393.75
City State Zip Code	Transaction ID: SE.6674
ALEXANDRIA VA 22311	Office Sought: X House State: NY
Purpose of Expenditure Category/	Senate District: 20 Presidential
POSTCARDS-PRODUCTION, SHIPPING, POSTAGE	1 residential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
SCOTT MURPHY	n:
	Disbursement For: Primary General
Calendar Year-To-Date Per Election 44393.75	Other (specify) : <u>Special</u> -General
for Office Sought	[MEMO ITEM]
(a) SUBTOTAL of Itemized Independent Expenditures	14992.95
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the r committee) any political party committee or its agent.	
TW TW	D * D Y * Y * Y * Y
KEVIN FINNEGAN Date 0.3	19 2009
Signature	

TEMIZED INDEPENDENT EXPENDITURES	PAGE 35 / 40
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	C C00348540
Check if 24-hour notice 48-hour notice	G coco ice ic
Full Name (Last, First, Middle, Initial) of Payee	Date
4900 GROUP	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	Amount
2001 N. BEAUREGARD STREET STE. 420	44393.75
City State Zip Code	Transaction ID: SE.6675
ALEXANDRIA VA 22311	Office Sought: X House State: NY
Purpose of Expenditure BROCHURE MAILER-PROD- UCTION, SHIP., POST Category/ Type	Senate District: 20 Presidential
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY	Check One: X Support Oppose
SCOTT MONETH	Disbursement For: Primary General
Onlawdow Vegy To Date Day Floation	Other (specify) : Special-General
Calendar Year-To-Date Per Election 88787.50 for Office Sought	2009 [MEMO ITEM]
Full Name (Last, First, Middle, Initial) of Payee	Date
JENNY BAUER	$\begin{bmatrix} M & M & M \\ O & 2 \end{bmatrix} / \begin{bmatrix} D & D \\ O & 3 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
Mailing Address	Amount
2 WILCOTT PARK	7.38 Transaction ID: SE.6667
City State Zip Code MEDFORD MA 02155	Office Sought: House State: NH_
Purpose of Expenditure	Senate District:
REIMBURSEMENT FOR CA- TERING EXPENSES Category/ Type	X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
	Other (specify):
Calendar Year-To-Date Per Election 7.38 for Office Sought	2008
(a) SUBTOTAL of Itemized Independent Expenditures	7.38
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if committee) any political party committee or its agent.	
M° A	M D D Y Y Y Y Y
KEVIN FINNEGAN Signature Date 0.3	19 2009

TEMIZED INDEPENDENT EXPENDITURES	PAGE 36 / 40
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	FEC IDENTIFICATION NUMBER ▼ C C00348540
Check if 24-hour notice 48-hour notice	G coccio
Full Name (Last, First, Middle, Initial) of Payee	Date
ENTERPRISE RENT-A-CAR	0 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	Amount
P.O. BOX 840173	82.37
City State Zip Code	Transaction ID: SE.6663
KANSAS CITY MO 64184-0173	Office Sought: House State: PA
Purpose of Expenditure TRANSPORTATION COSTS Category/ Type	Senate District: X Presidential
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA	Check One: X Support Oppose
DALIAON ODAMA	Disbursement For: Primary X General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	2008
Full Name (Last, First, Middle, Initial) of Payee	Date
ENTERPRISE RENT-A-CAR	M M / D D / Y Y Y Y Y
Mailing Address	Amount
P.O. BOX 840173	503.32 Transaction ID: SE.6664
City State Zip Code	
KANSAS CITY MO 64184-0173	Office Sought: House State: PA Senate District:
Purpose of Expenditure TRANSPORTATION COSTS Category/ Type	X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
	Other (specify) :
Calendar Year-To-Date Per Election 585.69 for Office Sought	2008
(a) SUBTOTAL of Itemized Independent Expenditures	585.69
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may or at the request or suggestion of, any candidate or authorized committee or agent of either, or (is committee) any political party committee or its agent.	
M. M. CANINE CANI	M D D Y Y Y Y
KEVIN FINNEGAN Date 0.3 Signature	19 2009

TEMIZED INDEPENDENT EXP	ENDITURES			F	PAGE 37 / 40
NAME OF COMMITTEE (In Full)			1	L	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (ITT FUII) 1199 SERVICE EMPLOYEES INT'L UNION FEI AL ACTION FUND	DERAL POLITIC-				C00348540
	ur notice			<u> </u>	300040040
Full Name (Last, First, Middle, Initial) of Payee			Date		
ENTERPRISE RENT-A-CAR	7		M M /	D 0 7	Y Y Y Y Y Y Y Y
Mailing Address			Amount		
P.O. BOX 840173			Amount		1948.96
0.1	01-1-	7'- 0-1-	Transaction	n ID: S	E.6665
City KANSAS CITY	State MO	Zip Code 64184-0173	Office Sought	t: 🗍 F	House State: VA
Purpose of Expenditure	IVIO	04104-0173	, and the second		Senate District:
TRANSPORTATION COSTS	С	ategory/ Type			Presidential
Name of Federal Candidate supported or Opp BARACK OBAMA	osed by expenditur	9:	Check One:	χS	Support Oppose
B/ (17/O/C OB/ (W)/C			Disbursemen	t For:	Primary X General
Calendar Year-To-Date Per Election			Othe	er (speci	fy) :
		1948.96	2008		
for Office Sought					
Full Name (Last, First, Middle, Initial) of Payee)		Date		
ENTERPRISE RENT-A-CAR			M M /	07	Y Y Y Y Y Y Y Y
Mailing Address			Amount		
P.O. BOX 840173				- ID 0	3977.61
City	State	Zip Code	Transaction]	
KANSAS CITY	MO	64184-0173	Office Sought	\rightarrow	House State: PA
Purpose of Expenditure	lc	ategory/			Senate District: Presidential
TRANSPORTATION COSTS		Type		Α.	
Name of Federal Candidate supported or Opp	osed by expenditure		Check One:	χS	Support Oppose
BARACK OBAMA	, ,				
			Disbursemen	t For:	Primary X General
Calendar Year-To-Date Per Election		7500.00		er (speci	fy) :
for Office Sought		7563.30	2008	[MEI	MO ITEM]
					1948.96
(a) SUBTOTAL of Itemized Independent Expendent	litures				1940.90
(b) SUBTOTAL of Unitemized Independent Expe	enditures				
(c) TOTAL Independent Expenditures				-	
Under penalty of perjury I certify that the independent or at the request or suggestion of, any candidate or at committee) any political party committee or its agent.					
KEVIN FINNEGAN		Date 03		2009	Y
Signature		Date 03	1 9	_ 0 0 9	
Oignatoro					

TEMIZED INDEPENDENT EXPE	INDITURES	PAGE 38 / 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER 🔻
1199 SERVICE EMPLOYEES INT'L UNION FEDI AL ACTION FUND	ERAL POLITIC-	C C00348540
Check if 24-hour notice 48-hour	notice	
Full Name (Last, First, Middle, Initial) of Payee		Date
ENTERPRISE RENT-A-CAR		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address P.O. BOX 840173		Amount
P.O. BOX 640173		3977.61
City	State Zip Code	Transaction ID: SE.6669
KANSAS CITY	MO 64184-0173	Office Sought: House State: PA
Purpose of Expenditure		Senate District:
TRANSPORTATION COSTS	Category/ Type	X Presidential
Name of Federal Candidate supported or Oppor	sed by expenditure:	Check One: X Support Oppose
BAHACK OBAWA		Disbursement For: Primary X General
Calendar Year-To-Date Per Election		Other (specify) :
for Office Sought	11540.91	2008
Full Name (Last, First, Middle, Initial) of Payee		Date
HORIZON BUS INC.		$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
Mailing Address		Amount
P.O. BOX 64		3000.00
		Transaction ID: SE.6666
City	State Zip Code	Office Sought: House State: PA
BELLPORT	NY 11713-0064	Senate District:
Purpose of Expenditure TRANSPORTATION COSTS	Category/ Type	X Presidential
Name of Federal Candidate supported or Oppo	· ·	Check One: X Support Oppose
BARACK OBAMA	sed by experialitire.	X II Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election	0505.00	Other (specify) :
for Office Sought	3585.69	2008
(a) SUBTOTAL of Itemized Independent Expendit	ures	6977.61
(,,		
(b) SUBTOTAL of Unitemized Independent Exper	nditures	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent e or at the request or suggestion of, any candidate or aut committee) any political party committee or its agent.		
	M M	D D Y Y Y Y
KEVIN FINNEGAN	Date 0 3	19 2009
Signature		

TEMIZED INDEPENDENT EXPENDITURES	PAGE 39 / 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	C C00348540
Check if 24-hour notice 48-hour notice	C 00040040
Full Name (Last, First, Middle, Initial) of Payee	Date
HORIZON BUS INC.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	Amount
P.O. BOX 64	3000.00
City State Zip C	Transaction ID: SE.6670
·	13-0064 Office Sought: House State: PA
Purpose of Expenditure TRANSPORTATION COSTS Category/ Type	Senate District: X Presidential
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA	Check One: X Support Oppose
BANAON OBANIA	Disbursement For: Primary X General
	Other (specify) :
Calendar Year-To-Date Per Election 15959 for Office Sought	9.30 [MEMO ITEM]
Full Name (Last, First, Middle, Initial) of Payee	Date
HORIZON BUS INC.	$\begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 2 & 7 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
Mailing Address	Amount
P.O. BOX 64	3000.00 Transaction ID: SE.6671
City State Zip C	Code
	13-0064 Office Sought: House State: PA Senate District:
Purpose of Expenditure TRANSPORTATION COSTS Category/ Type	X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Birth and Frank Britan V Order
-	Disbursement For: Primary X General
Calendar Year-To-Date Per Election 18959 for Office Sought	9.30 Other (specify) :
(a) SUBTOTAL of Itemized Independent Expenditures	3000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1441416.90
Under penalty of perjury I certify that the independent expenditures reported herein wor at the request or suggestion of, any candidate or authorized committee or agent of committee) any political party committee or its agent.	
	Date 0 3 1 9 2 0 0 9
Signature	

Image# 29991765723	
Form/Schedule: SE Transaction ID: SE.6668	FEC REPORT PAGE 37 & 38 OF 40. THIS IS AN ADDITIONAL CHARGE IN THE AMOUNT OF \$3,977.61 OF ENTERPRISE RENT-A-CAR FOR INDEPENDENT EXPENDITURE DATED 10/24/08.
Form/Schedule: SE	PAGE 39 OF 40. THIS IS AN ADDITIONAL CHARGE IN THE AMOUNT OF \$3,000 OF HORIZON BUS INC FOR INDEPENDENT EXPENDITURE DATED 10/24/08.
Transaction ID: SE.6670	FOR INDEPENDENT EXPENDITURE DATED 10/24/08.
	FOR INDEPENDENT EXPENDITURE DATED 10/24/08.