

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

ADDRESS (number and street) 330 WEST 42ND STREET, 7TH FLOOR

Check if different than previously reported. (ACC)

NEW YORK NY 10036

2. **FEC IDENTIFICATION NUMBER** C00348540

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input checked="" type="checkbox"/> Special (12G)	

Election on 03 31 2009 in the State of NY

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
Election on		in the State of

5. Covering Period 01 01 2009 through 03 11 2009

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

Type or Print Name of Treasurer KEVIN FINNEGAN

Signature of Treasurer Electronically Filed by KEVIN FINNEGAN Date 03 19 2009

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

Office Use Only								FEC FORM 3X (Rev. 12/2004)
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
1	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		822096.41
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	822096.41									
(c) Total Receipts (from Line 19)	1272055.11	1272055.11								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2094151.52	2094151.52								
7. Total Disbursements (from Line 31)	1445475.90	1445475.90								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	648675.62	648675.62								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	546509.56									

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**

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
1	1

Y	Y	Y	Y
2	0	0	9

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	0.00	0.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	1272055.11	1272055.11
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1272055.11	1272055.11
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1272055.11	1272055.11
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (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))	1272055.11	1272055.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1272055.11	1272055.11

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4059.00	4059.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	4059.00	4059.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	1441416.90	1441416.90
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1445475.90	1445475.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1445475.90	1445475.90

DETAILED SUMMARY PAGE
of Disbursements

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
HOROWITZ & ULLMANN, P.C.

Mailing Address 275 MADISON AVENUE
SUITE 902

City State Zip Code
NEW YORK NY 10016

Purpose of Disbursement
ACCOUNTING FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6646

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4050.00

SUBTOTAL of Disbursements This Page (optional)

4050.00

TOTAL This Period (last page this line number only)

4050.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period <input type="text" value="1418.39"/>		Transaction ID: SD10.6224	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1418.39"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period <input type="text" value="145572.51"/>		Transaction ID: SD10.6225	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="145572.51"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period <input type="text" value="65696.53"/>		Transaction ID: SD10.6226	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="65696.53"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period 21859.06		Transaction ID: SD10.6227	
Amount Incurred This Period 0.00	Payment This Period 21859.06	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period 24981.78		Transaction ID: SD10.6228	
Amount Incurred This Period 0.00	Payment This Period 24981.78	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period 185510.45		Transaction ID: SD10.6230	
Amount Incurred This Period 0.00	Payment This Period 185510.45	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

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 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 266610.52		Transaction ID: SD10.6231	
Amount Incurred This Period 0.00	Payment This Period 266610.52	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City	State	ZIP Code	
NEW YORK	NY	10036	

Outstanding Balance Beginning This Period 134980.86		Transaction ID: SD10.6232	
Amount Incurred This Period 0.00	Payment This Period 134980.86	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City	State	ZIP Code	
NEW YORK	NY	10036	

Outstanding Balance Beginning This Period 265349.28		Transaction ID: SD10.6233	
Amount Incurred This Period 0.00	Payment This Period 265349.28	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
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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 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period <input type="text" value="231495.60"/>		Transaction ID: SD10.6234	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="231495.60"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period <input type="text" value="30184.00"/>		Transaction ID: SD10.6235	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="30184.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period <input type="text" value="40245.33"/>		Transaction ID: SD10.6236	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="40245.33"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 / 40
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State ZIP Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 49719.04	Transaction ID: SD10.6237	
Amount Incurred This Period 0.00	Payment This Period 14992.95	Outstanding Balance at Close of This Period 34726.09

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State ZIP Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 8493.33	Transaction ID: SD10.6238	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8493.33

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State ZIP Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 9557.09	Transaction ID: SD10.6240	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9557.09

1) SUBTOTALS This Period This Page (optional).....	▶	52776.51
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period 65588.32		Transaction ID: SD10.6241	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 65588.32	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period 14545.49		Transaction ID: SD10.6242	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 14545.49	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period 3157.42		Transaction ID: SD10.6243	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3157.42	

1) SUBTOTALS This Period This Page (optional).....	▶	83291.23
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 / 40
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City NEW YORK State NY ZIP Code 10036	

Outstanding Balance Beginning This Period 56833.56	Transaction ID: SD10.6244	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 56833.56

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City NEW YORK State NY ZIP Code 10036	

Outstanding Balance Beginning This Period 82522.06	Transaction ID: SD10.6245	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 82522.06

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City NEW YORK State NY ZIP Code 10036	

Outstanding Balance Beginning This Period 78033.76	Transaction ID: SD10.6246	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 78033.76

1) SUBTOTALS This Period This Page (optional).....	217389.38
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period <input type="text" value="2812.96"/>		Transaction ID: SD10.6247	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2812.96"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period <input type="text" value="5095.64"/>		Transaction ID: SD10.6248	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5095.64"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period <input type="text" value="12962.04"/>		Transaction ID: SD10.6249	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="12962.04"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="20870.64"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period 10997.70		Transaction ID: SD10.6284	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10997.70	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period 7231.75		Transaction ID: SD10.6285	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7231.75	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period 3434.67		Transaction ID: SD10.6286	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3434.67	

1) SUBTOTALS This Period This Page (optional).....	▶	21664.12
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period 16789.92		Transaction ID: SD10.6287	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16789.92	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period 9286.03		Transaction ID: SD10.6288	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9286.03	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 4900 GROUP			Nature of Debt (Purpose): POSTCARDS-PRODUCTION, SHIPPING, POSTAGE
Mailing Address 2001 N. BEAUREGARD STREET STE. 420			
City ALEXANDRIA	State VA	ZIP Code 22311	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.6672	
Amount Incurred This Period 44393.75	Payment This Period 0.00	Outstanding Balance at Close of This Period 44393.75	

1) SUBTOTALS This Period This Page (optional).....	▶	70469.70
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
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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 4900 GROUP			Nature of Debt (Purpose): BROCHURE MAILER-PRODUCTIO- N, SHIP., POST
Mailing Address 2001 N. BEAUREGARD STREET STE. 420			
City ALEXANDRIA	State VA	ZIP Code 22311	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.6673	
Amount Incurred This Period <input type="text" value="44393.75"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="44393.75"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMERICAN EXPRESS			Nature of Debt (Purpose): CATERING
Mailing Address P.O. BOX 2855			
City NEW YORK	State NY	ZIP Code 10116-2855	

Outstanding Balance Beginning This Period <input type="text" value="240.00"/>		Transaction ID: SD10.6289	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="240.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AVIS RENT A CAR SYSTEM, INC.			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 7876 COLLECTIONS CTR DRIVE			
City CHICAGO	State IL	ZIP Code 60693	

Outstanding Balance Beginning This Period <input type="text" value="1156.12"/>		Transaction ID: SD10.6540	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1156.12"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="45789.87"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor JENNY BAUER			Nature of Debt (Purpose): REIMBURSEMENT FOR CATERING EXPENSES
Mailing Address 2 WILCOTT PARK			
City MEDFORD	State MA	ZIP Code 02155	

Outstanding Balance Beginning This Period 51.03		Transaction ID: SD10.6541	
Amount Incurred This Period 0.00	Payment This Period 7.38	Outstanding Balance at Close of This Period 43.65	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LILLIAN CARINO			Nature of Debt (Purpose): REIMBURSEMENT FOR TRAVEL EXPENSES
Mailing Address 327 SAINT NICHOLAS AVENUE APT. 2N			
City NEW YORK	State NY	ZIP Code 10027-3609	

Outstanding Balance Beginning This Period 45.00		Transaction ID: SD10.6508	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENTERPRISE RENT-A-CAR			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 840173			
City KANSAS CITY	State MO	ZIP Code 64184-0173	

Outstanding Balance Beginning This Period 82.37		Transaction ID: SD10.6510	
Amount Incurred This Period 0.00	Payment This Period 82.37	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional).....	88.65
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENTERPRISE RENT-A-CAR			Nature of Debt (Purpose): TRANSPORTATION COSTS
Mailing Address P.O. BOX 840173			
City KANSAS CITY	State MO	ZIP Code 64184-0173	

Outstanding Balance Beginning This Period <input type="text" value="503.32"/>		Transaction ID: SD10.6528	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="503.32"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENTERPRISE RENT-A-CAR			Nature of Debt (Purpose): TRANSPORTATION COSTS
Mailing Address P.O. BOX 840173			
City KANSAS CITY	State MO	ZIP Code 64184-0173	

Outstanding Balance Beginning This Period <input type="text" value="1948.96"/>		Transaction ID: SD10.6529	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1948.96"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HORIZON BUS INC.			Nature of Debt (Purpose): TRANSPORTATION COSTS
Mailing Address P.O. BOX 64			
City BELLPORT	State NY	ZIP Code 11713-0064	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>		Transaction ID: SD10.6530	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ANTONELLA PECHTEL			Nature of Debt (Purpose): REIMBURSEMENT CATERING EXPENSE
Mailing Address 401 ROSE AVE			
City SCHENECTADY	State NY	ZIP Code 12308	

Outstanding Balance Beginning This Period 201.39		Transaction ID: SD10.6531	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 201.39	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRAVEL EXPENSE
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period 1557.29		Transaction ID: SD10.6297	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1557.29	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period 2277.98		Transaction ID: SD10.6298	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2277.98	

1) SUBTOTALS This Period This Page (optional).....	4036.66
2) TOTALS This Period (last page this line number only).....	[]
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	[]
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	[]

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period <input type="text" value="524.82"/>		Transaction ID: SD10.6300	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="524.82"/>	

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 <input type="text" value="1674.86"/>		Transaction ID: SD10.6301	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1674.86"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period <input type="text" value="6925.90"/>		Transaction ID: SD10.6302	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="6925.90"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="9125.58"/>
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3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRANSPORTATION COSTS
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period <input type="text" value="539.45"/>		Transaction ID: SD10.6515	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="539.45"/>	

B. 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 Balance Beginning This Period <input type="text" value="798.20"/>		Transaction ID: SD10.6516	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="798.20"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period <input type="text" value="3637.84"/>		Transaction ID: SD10.6517	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3637.84"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="4975.49"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period 1849.15		Transaction ID: SD10.6518	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1849.15	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): BEVERAGE EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period 835.02		Transaction ID: SD10.6519	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 835.02	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period 435.95		Transaction ID: SD10.6520	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 435.95	

1) SUBTOTALS This Period This Page (optional).....	▶	3120.12
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 24 / 40
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD	Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000	
City State ZIP Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period 1056.95	Transaction ID: SD10.6521	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1056.95

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD	Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000	
City State ZIP Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period 2372.04	Transaction ID: SD10.6522	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2372.04

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD	Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000	
City State ZIP Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period 367.37	Transaction ID: SD10.6533	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 367.37

1) SUBTOTALS This Period This Page (optional).....	3796.36
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
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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 UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period <input type="text" value="262.40"/>		Transaction ID: SD10.6535	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="477.00"/>		Transaction ID: SD10.6536	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="477.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period <input type="text" value="524.80"/>		Transaction ID: SD10.6537	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="524.80"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1264.20"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period 1115.00		Transaction ID: SD10.6538	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1115.00	

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	

Outstanding Balance Beginning This Period 419.84		Transaction ID: SD10.6539	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 419.84	

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 Balance Beginning This Period 539.45		Transaction ID: SD10.6545	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 539.45	

1) SUBTOTALS This Period This Page (optional).....	▶	2074.29
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period <input type="text" value="2552.60"/>		Transaction ID: SD10.6546	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2552.60"/>	

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 <input type="text" value="3224.16"/>		Transaction ID: SD10.6548	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3224.16"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="5776.76"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="546509.56"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="546509.56"/>

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	FEC IDENTIFICATION NUMBER C C00348540
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
1199 SEIU UNITED HEALTHCARE WORKERS EAST

Mailing Address
330 WEST 42ND STREET

City NEW YORK	State NY	Zip Code 10036
-------------------------	--------------------	--------------------------

Purpose of Expenditure REIMBURSE STAFF SALA- RIES & BENEFITS	Category/ Type
--	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	12959.30
---	-----------------

Date
M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Amount
1418.39

Transaction ID: SE.6649

Office Sought: House State: PA
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
1199 SEIU UNITED HEALTHCARE WORKERS EAST

Mailing Address
330 WEST 42ND STREET

City NEW YORK	State NY	Zip Code 10036
-------------------------	--------------------	--------------------------

Purpose of Expenditure REIMBURSE STAFF SALA- RIES & BENEFITS	Category/ Type
--	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	145572.51
---	------------------

Date
M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Amount
145572.51

Transaction ID: SE.6650

Office Sought: House State: WI
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

(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 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.

Signature
KEVIN FINNEGAN

Date
M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	FEC IDENTIFICATION NUMBER C C00348540
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
1199 SEIU UNITED HEALTHCARE WORKERS EAST

Date
M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Mailing Address
330 WEST 42ND STREET

Amount
65696.53

City State Zip Code
NEW YORK NY 10036

Transaction ID: SE.6651

Purpose of Expenditure
REIMBURSE STAFF SALA-
RIES & BENEFITS

Category/
Type

Office Sought: House State: FL
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 65696.53

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
1199 SEIU UNITED HEALTHCARE WORKERS EAST

Date
M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Mailing Address
330 WEST 42ND STREET

Amount
21859.06

City State Zip Code
NEW YORK NY 10036

Transaction ID: SE.6653

Purpose of Expenditure
REIMBURSE STAFF SALA-
RIES & BENEFITS

Category/
Type

Office Sought: House State: CO
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 21859.06

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	87555.59
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEVIN FINNEGAN
Signature

Date M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 9

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	FEC IDENTIFICATION NUMBER ▼ C C00348540
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
 1199 SEIU UNITED HEALTHCARE WORKERS EAST

Mailing Address
 330 WEST 42ND STREET

City State Zip Code
 NEW YORK NY 10036

Purpose of Expenditure Category/Type
 REIMBURSE STAFF SALARIES & BENEFITS

Name of Federal Candidate supported or Opposed by expenditure:
 BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought
 24981.78

Date
 M M / D D / Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Amount
 24981.78

Transaction ID: SE.6654

Office Sought: House State: MN
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

Full Name (Last, First, Middle, Initial) of Payee
 1199 SEIU UNITED HEALTHCARE WORKERS EAST

Mailing Address
 330 WEST 42ND STREET

City State Zip Code
 NEW YORK NY 10036

Purpose of Expenditure Category/Type
 REIMBURSE STAFF SALARIES & BENEFITS

Name of Federal Candidate supported or Opposed by expenditure:
 BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought
 207369.51

Date
 M M / D D / Y Y Y Y
 0 1 / 1 4 / 2 0 0 9

Amount
 185510.45

Transaction ID: SE.6655

Office Sought: House State: CO
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

(a) SUBTOTAL of Itemized Independent Expenditures	210492.23
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEVIN FINNEGAN
 Signature

Date M M / D D / Y Y Y Y
 0 3 / 1 9 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	FEC IDENTIFICATION NUMBER C C00348540
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
1199 SEIU UNITED HEALTHCARE WORKERS EAST

Date
M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Mailing Address
330 WEST 42ND STREET

Amount
266610.52

City State Zip Code
NEW YORK NY 10036

Transaction ID: SE.6656

Purpose of Expenditure
REIMBURSE STAFF SALA-
RIES & BENEFITS

Category/
Type

Office Sought: House State: FL
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 332307.05

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
1199 SEIU UNITED HEALTHCARE WORKERS EAST

Date
M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Mailing Address
330 WEST 42ND STREET

Amount
134980.86

City State Zip Code
NEW YORK NY 10036

Transaction ID: SE.6657

Purpose of Expenditure
REIMBURSE STAFF SALA-
RIES & BENEFITS

Category/
Type

Office Sought: House State: MI
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 134980.86

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	401591.38
(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 in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEVIN FINNEGAN
Signature

Date M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 9

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	FEC IDENTIFICATION NUMBER ▼ C C00348540
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
 1199 SEIU UNITED HEALTHCARE WORKERS EAST

Date
 M M / D D / Y Y Y Y
 0 1 / 2 8 / 2 0 0 9

Mailing Address
 330 WEST 42ND STREET

Amount
 265349.28

City State Zip Code
 NEW YORK NY 10036

Transaction ID: SE.6658

Purpose of Expenditure
 REIMBURSE STAFF SALA-
 RIES & BENEFITS

Category/
 Type

Office Sought: House State: OH
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
 BARACK OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election
 for Office Sought 265349.28

Disbursement For: Primary General
 Other (specify) : _____
 2008

Full Name (Last, First, Middle, Initial) of Payee
 1199 SEIU UNITED HEALTHCARE WORKERS EAST

Date
 M M / D D / Y Y Y Y
 0 1 / 2 8 / 2 0 0 9

Mailing Address
 330 WEST 42ND STREET

Amount
 231495.60

City State Zip Code
 NEW YORK NY 10036

Transaction ID: SE.6659

Purpose of Expenditure
 REIMBURSE STAFF SALA-
 RIES & BENEFITS

Category/
 Type

Office Sought: House State: PA
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
 BARACK OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election
 for Office Sought 250454.90

Disbursement For: Primary General
 Other (specify) : _____
 2008

(a) SUBTOTAL of Itemized Independent Expenditures	496844.88
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEVIN FINNEGAN
 Signature

Date M M / D D / Y Y Y Y
 0 3 / 1 9 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	FEC IDENTIFICATION NUMBER ▼ C C00348540
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
 1199 SEIU UNITED HEALTHCARE WORKERS EAST

Mailing Address
 330 WEST 42ND STREET

City NEW YORK	State NY	Zip Code 10036
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Purpose of Expenditure REIMBURSE STAFF SALA- RIES & BENEFITS	Category/ Type
--	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
 BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought 295533.28

Date

M M	/	D D	/	Y Y Y Y
0 2		1 2		2 0 0 9

Amount
30184.00

Transaction ID: SE.6660

Office Sought: House State: OH
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

Full Name (Last, First, Middle, Initial) of Payee
 1199 SEIU UNITED HEALTHCARE WORKERS EAST

Mailing Address
 330 WEST 42ND STREET

City NEW YORK	State NY	Zip Code 10036
------------------	-------------	-------------------

Purpose of Expenditure REIMBURSE STAFF SALA- RIES & BENEFITS	Category/ Type
--	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
 BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought 290700.23

Date

M M	/	D D	/	Y Y Y Y
0 2		1 2		2 0 0 9

Amount
40245.33

Transaction ID: SE.6661

Office Sought: House State: PA
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEVIN FINNEGAN

 Signature

Date

M M	/	D D	/	Y Y Y Y
0 3		1 9		2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	FEC IDENTIFICATION NUMBER C C00348540
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
1199 SEIU UNITED HEALTHCARE WORKERS EAST

Date
M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Mailing Address
330 WEST 42ND STREET

Amount
14992.95

City State Zip Code
NEW YORK NY 10036

Transaction ID: SE.6662

Purpose of Expenditure
REIMBURSE STAFF SALA-
RIES & BENEFITS

Category/
Type

Office Sought: House State: WI
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 160565.46

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
4900 GROUP

Date
M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 0 9

Mailing Address
2001 N. BEAUREGARD STREET
STE. 420

Amount
44393.75

City State Zip Code
ALEXANDRIA VA 22311

Transaction ID: SE.6674

Purpose of Expenditure
POSTCARDS-PRODUCTION,
SHIPPING, POSTAGE

Category/
Type

Office Sought: House State: NY
 Senate District: 20
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
SCOTT MURPHY

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 44393.75

Disbursement For: Primary General
 Other (specify) : Special-General
2009

[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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEVIN FINNEGAN
Signature

Date M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	FEC IDENTIFICATION NUMBER C C00348540
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
4900 GROUP

Mailing Address
2001 N. BEAUREGARD STREET
STE. 420

City ALEXANDRIA	State VA	Zip Code 22311
---------------------------	--------------------	--------------------------

Purpose of Expenditure BROCHURE MAILER-PROD- UCTION, SHIP., POST	Category/ Type
--	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
SCOTT MURPHY

Calendar Year-To-Date Per Election for Office Sought	88787.50
---	-----------------

Date
M M / D D / Y Y Y Y
03 / 09 / 2009

Amount
44393.75

Transaction ID: SE.6675

Office Sought: House State: NY
 Senate District: 20
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : Special-General
2009
[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
JENNY BAUER

Mailing Address
2 WILCOTT PARK

City MEDFORD	State MA	Zip Code 02155
------------------------	--------------------	--------------------------

Purpose of Expenditure REIMBURSEMENT FOR CA- TERING EXPENSES	Category/ Type
--	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	7.38
---	-------------

Date
M M / D D / Y Y Y Y
02 / 03 / 2009

Amount
7.38

Transaction ID: SE.6667

Office Sought: House State: NH
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
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 in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEVIN FINNEGAN
Signature

Date M M / D D / Y Y Y Y
03 / 19 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	FEC IDENTIFICATION NUMBER ▼ C C00348540
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
ENTERPRISE RENT-A-CAR

Date
M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Mailing Address
P.O. BOX 840173

Amount
82.37

City State Zip Code
KANSAS CITY MO 64184-0173

Transaction ID: SE.6663
Office Sought: House State: PA
 Senate District: _____
 Presidential

Purpose of Expenditure Category/Type
TRANSPORTATION COSTS

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Disbursement For: Primary General
 Other (specify) : _____
2008

Calendar Year-To-Date Per Election for Office Sought
82.37

Full Name (Last, First, Middle, Initial) of Payee
ENTERPRISE RENT-A-CAR

Date
M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Mailing Address
P.O. BOX 840173

Amount
503.32

City State Zip Code
KANSAS CITY MO 64184-0173

Transaction ID: SE.6664
Office Sought: House State: PA
 Senate District: _____
 Presidential

Purpose of Expenditure Category/Type
TRANSPORTATION COSTS

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Disbursement For: Primary General
 Other (specify) : _____
2008

Calendar Year-To-Date Per Election for Office Sought
585.69

(a) SUBTOTAL of Itemized Independent Expenditures	855.69
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

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

KEVIN FINNEGAN
Signature

Date M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 9

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	FEC IDENTIFICATION NUMBER C C00348540
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
ENTERPRISE RENT-A-CAR

Date
M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Mailing Address
P.O. BOX 840173

Amount
1948.96

City State Zip Code
KANSAS CITY MO 64184-0173

Transaction ID: SE.6665

Purpose of Expenditure
TRANSPORTATION COSTS

Category/
Type

Office Sought: House State: VA
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 1948.96

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
ENTERPRISE RENT-A-CAR

Date
M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Mailing Address
P.O. BOX 840173

Amount
3977.61

City State Zip Code
KANSAS CITY MO 64184-0173

Transaction ID: SE.6668

Purpose of Expenditure
TRANSPORTATION COSTS

Category/
Type

Office Sought: House State: PA
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 7563.30

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	1948.96
(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 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.

Signature
KEVIN FINNEGAN

Date
M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	FEC IDENTIFICATION NUMBER C C00348540
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
ENTERPRISE RENT-A-CAR

Date
M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Mailing Address
P.O. BOX 840173

Amount
3977.61

City State Zip Code
KANSAS CITY MO 64184-0173

Transaction ID: SE.6669

Purpose of Expenditure
TRANSPORTATION COSTS

Category/Type

Office Sought: House State: PA
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 11540.91

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
HORIZON BUS INC.

Date
M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Mailing Address
P.O. BOX 64

Amount
3000.00

City State Zip Code
BELLPORT NY 11713-0064

Transaction ID: SE.6666

Purpose of Expenditure
TRANSPORTATION COSTS

Category/Type

Office Sought: House State: PA
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 3585.69

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	6977.61
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEVIN FINNEGAN
Signature

Date M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	FEC IDENTIFICATION NUMBER C C00348540
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
HORIZON BUS INC.

Mailing Address
P.O. BOX 64

City BELLPORT	State NY	Zip Code 11713-0064
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Purpose of Expenditure TRANSPORTATION COSTS	Category/ Type
--	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	15959.30
---	----------

Date
M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Amount
3000.00

Transaction ID: SE.6670

Office Sought: House State: PA
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
HORIZON BUS INC.

Mailing Address
P.O. BOX 64

City BELLPORT	State NY	Zip Code 11713-0064
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Purpose of Expenditure TRANSPORTATION COSTS	Category/ Type
--	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	18959.30
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Date
M M / D D / Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Amount
3000.00

Transaction ID: SE.6671

Office Sought: House State: PA
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

(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 were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEVIN FINNEGAN
Signature

Date M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 9

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**
Transaction ID: **SE.6670**

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.
