PAGE 1 / 29

Image# 201604159012428702

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	r Other Than An Aut	_		Office Use Only
NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, ty over the lines.	/pe 12FE4M5	
1199 SERVICE EMPLO	YEES INT'L UNION	FEDERAL POLIT	ICAL ACTION I	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 NUM	BER ▼ CIT	Y 🛦	STATE ▲	ZIP CODE ▲
C C00348540		S THIS X NEW (N)	OR AN	MENDED)
4. TYPE OF REPORT (Choose One)	Report	20 (M2) May 2	20 (M5) Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On: Mar	20 (M3) Jun 2	0 (M6) Sep	20 (M9) Dec 20 (M12) (Non-Election Year Only)
X April 15	Apr	20 (M4) Jul 20	O (M7) Oct	20 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	General Special (
October 15 Quarterly Report (Q3)	Tioport for the	Convention (126)	C C C C C C C C C C C C C C C C C C C	.120)
January 31 Year-End Report (YE)	Electio	n on	D / Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (3	Special (30S)
Termination Report (TER)	Electio	n on	D / Y = Y = Y	in the State of
5. Covering Period 01	01 / 2016	through	03 / 31	2016
I certify that I have examined this	Report and to the best of	my knowledge and belief	it is true, correct and	d complete.
Type or Print Name of Treasurer	KEVIN FINNEGAN			
Signature of Treasurer KEVIN I	FINNEGAN	[Electronically Filed	d) Date 04	15 2016
NOTE: Submission of false, erroneou	us, or incomplete information	n may subject the person s	igning this Report to the	he penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1,	2016		2378203.05
(b) Cash on Hand at Beginning of Repo	rting Period	2378203.05	
(c) Total Receipts (fro	m Line 19)	1710109.59	1710109.59
(d) Subtotal (add Line 6(c) for Column A 6(a) and 6(c) for C		4088312.64	4088312.64
Total Disbursements (fr	om Line 31)	2312778.63	2312778.63
Cash on Hand at Close Reporting Period (subtract Line 7 from L		1775534.01	1775534.01
Debts and Obligations the Committee (Itemize Schedule C and/or Sch	all on	0.00	
Debts and Obligations the Committee (Itemize Schedule C and/or Sch	all on	744850.12	

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

I. Receipts	COLUMN A	
	I. Receipts COLUMN A COLUMN Calendar Year-	
tributions (other than loans) From:		
Individuals/Persons Other		
	0.00	0.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	1709498.22	1709498.22
Lines 11(a)(i) and (ii)	1709498.22	1709498.22
Political Party Committees	0.00	0.00
	0.00	0.00
	0.00	0.00
	1709498.22	1709498.22
	1700 100.22	
	0.00	0.00
,		
oans Received	0.00	0.00
Repayments Received	0.00	0.00
ets To Operating Expenditures	7	
unds, Rebates, etc.)		
ry Totals to Line 37, page 5)	0.00	0.00
inds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,	
ederal Candidates and Other		
	0.00	0.00
·		
· · · · · · · · · · · · · · · · · · ·	611.37	611.37
	0.00	0.00
(IIIII Solicadio 110)	0.00	0.00
ovin Funda (from Schodula UE)	0.00	0.00
eviii Fulius (IIOIII Schedule H3)	3.00	3.00
otal Transfers (add 18(a) and 18(b))	0.00	0.00
i e c r i e c e	Political Party Committees	(ii) Itemized (use Schedule A)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	erating Expenditures: Allocated Federal/Non-Federal		Calorida Four to Date
(a)	Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating		
(5)	Expenditures	5795.00	5795.00
(c)	Total Operating Expenditures		5705.00
	(add 21(a)(i), (a)(ii), and (b))▶	5795.00	5795.00
	nsfers to Affiliated/Other Party	2296000.00	2296000.00
Con	nmitteestributions to	220000.00	223000.30
Fed and	leral Candidates/Committees Other Political Committees	0.00	0.00
4. Inde	ependent Expenditures		
	e Schedule E)	0.00	0.00
, (2 L	J.S.C. §441a(d)) e Schedule F)	0.00	0.00
(use	e Scriedule F)	3.00	0.00
6. Loa	n Repayments Made	0.00	0.00
		222	0.00
7. Loa 3. Refi	ns Madeunds of Contributions To:	0.00	0.00
	Individuals/Persons Other Than Political Committees	176.00	176.00
	man i onical committees		
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
(d)	Total Contribution Refunds		
(/	(add Lines 28(a), (b), and (c))▶	176.00	176.00
9. Oth	er Disbursements	10807.63	10807.63
). Fed	leral Election Activity (2 U.S.C. §431(20))		
	Allocated Federal Election Activity		
. ,	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b)	Federal Election Activity Paid Entirely		
(*/	With Federal Funds	0.00	0.00
(c)	Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
. Tota	al Disbursements (add Lines 21(c), 22,		
	24, 25, 26, 27, 28(d), 29 and 30(c))	2312778.63	2312778.63
•		1 2012/10/00	
	al Federal Disbursements		
	otract Line 21(a)(ii) and Line 30(a)(ii)	0040770.00	
tron	n Line 31)▶	2312778.63	2312778.63

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1709498.22	1709498.22
4. Total Contribution Refunds (from Line 28(d))	176.00	176.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1709322.22	1709322.22
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	5795.00	5795.00
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	5795.00	5795.00

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

Form/Schedule: F3XN Transaction ID :

The unitemized contributions on line 11(a)(ii) of the Committee's April 15 Quarterly report are from contributors whose aggregate contributions for the year totaled less than \$200 as of the close of the reporting period.

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 C						OF	2	29		
	(che	ck only	or	ne)							
		11a		11b		11c		12			
		13		14		15		16	[X	17
not be sold or used by any person for the purpose of soliciting contributions											

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNION FEDERAL POLITICA	AL ACTION FUND
Full Name (Last, First, Middle Initial) TD BANK Mailing Address 1710 ROUTE 70 EAST		Date of Receipt
		01 29 2016
CHERRY LINE	State Zip Code	Transaction ID : SA17.17340
CHERRY HILL	NJ 08034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	221.90
Name of Employer	Occupation	Memo Item INTEREST INCOME
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 221.90	
Full Name (Last, First, Middle Initial) 3. TD BANK		Date of Receipt
Mailing Address 1710 ROUTE 70 EAST	7. 0	02 29 2016
City CHERRY HILL	State Zip Code NJ 08034	Transaction ID : SA17.17341 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	247.54
Name of Employer	Occupation	Memo Item INTEREST INCOME
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 469.44	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 1710 ROUTE 70 EAST		03 31 2016
City CHERRY HILL	State Zip Code NJ 08034	Transaction ID : SA17.17342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	141.93
Name of Employer	Occupation	Memo Item INTEREST INCOME
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 611.37	
SUBTOTAL of Receipts This Page (optional)		611.37
TOTAL This Period (last page this line number	only)	611.37

rson for the purpose of soliciting contributions to solicit contributions from such committee.
Date of Disbursement 03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Amount of Each Disbursement this Period 5795.00 Memo Item
Date of Disbursement
Amount of Each Disbursement this Period Memo Item
Date of Disbursement
Amount of Each Disbursement this Period Memo Item
]

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 9 OF 29			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	7 one) X 22 23 24 25 26 29 36		
Any information copied from such Reports and or for commercial purposes, other than using t					
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	, ,				
Full Name (Last, First, Middle Initial) A. COMMITTEE FOR MARYLAN	ND'S PROGRESS		Date of Disbursement		
Mailing Address 700 13TH STREET, NW, S	02 24 2016				
City WASHINGTON Purpose of Disburgament	State Zip Code DC 20005		Transaction ID: SB22.17344		
Purpose of Disbursement TRANSFER Condidate Name			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	296000.00		
Senate President	sbursement For: Primary General Other (specify) ▼		Memo Item		
State: District:					
Full Name (Last, First, Middle Initial) 3. SEIU COPE FUND Mailing Address 1313 L STREET, NW			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code		Transaction ID : SB22.17348		
WASHINGTON Purpose of Disbursement	DC 20005				
TRANSFER Candidate Name			Amount of Each Disbursement this Period		
		Category/ Type	2000000.00		
Senate President	sbursement For: Primary General Other (specify) ▼		Memo Item		
State: District: Full Name (Last, First, Middle Initial)					
). 			Date of Disbursement		
Mailing Address					
City	State Zip Code				
Purpose of Disbursement			Amount of First Bill		
Candidate Name	Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Senate President State: District:	sbursement For: Primary General Other (specify)		Memo Item		
	ional\		2296000.00		
SUBTOTAL of Disbursements This Page (opt	<u> </u>				
TOTAL This Period (last page this line number	er only)		2296000.00		

ľ

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	_	LINE NUMBER: PAGE 10 OF 29		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 X 28a 28b 28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT					
Full Name (Last, First, Middle Initial)			Date of Disbursement		
Mailing Address 5564 KATHAN ROAD	01 27 2016				
City	State Zip Code				
BREWERTON	NY 13029		Transaction ID : SB28A.17353		
Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	6.00		
Senate President	ment For: Primary General Other (specify)	,,,,	Memo Item		
State: District:					
Full Name (Last, First, Middle Initial) B. KRISTINA TARASOVA			Date of Disbursement		
Mailing Address 76 TAUNTON STREET			02 26 2016		
City STATEN ISLAND Purpose of Disbursement	State Zip Code NY 10306		Transaction ID : SB28A.17355		
REFUND OF UNITEMIZED CONTRIBUTION			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	90.00		
Office Sought: House Senate President State: Disburse	ment For: Primary General Other (specify) ▼		Memo Item		
Full Name (Last, First, Middle Initial) C.			Date of Disbursement		
Mailing Address			W - W / D - D / T - T - T - T		
City	State Zip Code				
Purpose of Disbursement	Amount of Each Disbursement this Period				
Candidate Name	Category/ Type				
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		Memo Item		
Journal District.					
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	96.00		
TOTAL This Period (last page this line number only)		96.00		

SCHEDULE B (FEC Form 3X)	Llea caparata cabadul-(-)	FOR LINE NUMBER: PAGE 11 OF 2			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30		
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT	· ·				
Full Name (Last, First, Middle Initial)			Date of Disbursement		
Mailing Address 330 WEST 42ND STREET, 7TH R	01 20 2016				
City	State Zip Code				
NEW YORK	NY 10036		Transaction ID : SB29.17359		
Purpose of Disbursement REFUND OF EXCESS PAYMENT			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	5151.05		
Senate President	ement For: Primary General Other (specify)	туре	Memo Item		
State: District:					
Full Name (Last, First, Middle Initial) B. 1199 SEIU DUES ACCOUNT			Date of Disbursement		
Mailing Address 330 WEST 42ND STREET, 7TH	FLOOR		01 29 2016		
City NEW YORK	State Zip Code NY 10036		Transaction ID : SB29.17354		
Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUN	т	· · · · ·	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	5656.58		
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) ▼		Memo Item		
State: District:					
Full Name (Last, First, Middle Initial) C.			Date of Disbursement		
Mailing Address					
City	State Zip Code				
Purpose of Disbursement		<u> </u>			
Candidate Name	Amount of Each Disbursement this Period				
Office Sought: House Senate President State: Disburse	ement For: Primary General Other (specify)	Type	Memo Item		
SUBTOTAL of Disbursements This Page (optional).			10807.63		
SOBIOTAL OF DISDUISEMENTS THIS Fage (optional).					
TOTAL This Period (last page this line number only	/)		10807.63		

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 12 OF 29

FOR LINE NUMBER: (check only one) 9

X 10

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'	L UNION FEDERAL POLITIC	AL ACTION FUND
A. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor	Nature of Debt (Purpose): STAFF SALARIES
Mailing Address 330 WEST 42ND STREET		
City State NEW YORK	Zip Code NY 10036	
Outstanding Balance Beginning This Period		Transaction ID : SD10.12155
32560.00 Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	32560.00
B. Full Name (Last, First, Middle Initial) of Debt 1199 SEIU	or or Creditor	Nature of Debt (Purpose): STAFF SALARIES
Mailing Address 330 WEST 42ND STREET		
City State NEW YORK	Zip Code NY 10036	
Outstanding Balance Beginning This Period 9465.92		Transaction ID : SD10.12156
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	9465.92
C. Full Name (Last, First, Middle Initial) of Deb		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET		
City NEW YORK	State Zip Code NY 10036	
Outstanding Balance Beginning This Period 8091.98		Transaction ID : SD10.6240
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	8091.98
1) SUBTOTALS This Period This Page (optional)		50117.90
2) TOTALS This Period (last page this line numb	er only)	
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate	te line of Summary Page (last page only)	

Excluding Loans

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

PAGE 13 OF FOR LINE NUMBER: (check only one)

	9
X	10

29

NAME OF COMMITTEE (In Full)			L ACTION TIME
1199 SERVICE EMPLOYEES INT'L	UNION F	EDERAL POLITICA	AL ACTION FUND
A. Full Name (Last, First, Middle Initial) of Debtor			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND
1199 SEIU UNITED HEALTHC	ARE WOI	RKERS EAST	BENEFITS
Mailing Address 330 WEST 42ND STREET			
City State	Zip Code		_
NEW YORK	NY	10036	
Outstanding Balance Beginning This Period			Transaction ID : SD10.6241
65588.32			
Amount Incurred This Period	Pa	ayment This Period	Outstanding Balance at Close of This Period
0.00		0.00	65588.32
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
1199 SEIU UNITED HEALTHCA		RKERS EAST	REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			-
City State	Zip Code		_
NEW YORK	NY	10036	
Outstanding Balance Beginning This Period			Transaction ID : SD10.6242
14545.49			
Amount Incurred This Period	Pa	ayment This Period	Outstanding Balance at Close of This Period
0.00		0.00	14545.49
C. Full Name (Last, First, Middle Initial) of Debtor			Nature of Debt (Purpose):
1199 SEIU UNITED HEALTHC	ARE WOI	RKERS EAST	REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City	State	Zip Code	_
NEW YORK	NY	10036	
Outstanding Balance Beginning This Period			Transaction ID : SD10.6243
3157.42			
Amount Incurred This Period	Pa	ayment This Period	Outstanding Balance at Close of This Period
0.00	,	0.00	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 o	only)	

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

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 14 OF

FOR LINE NUMBER: (check only one) 9

ΛC	duding Loans			numi	pered line)	 X 10
	ME OF COMMITTEE (In Full) 199 SERVICE EMPLOYEES INT'L	UNION F	EDERAL POLI	TICAL	ACTION FU	IND
	A. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC		RKERS EAST		Nature of Debt (PI REIMBURSE STA BENEFITS	urpose): AFF SALARIES AND
	Mailing Address 330 WEST 42ND STREET					
	City State NEW YORK	Zip Code NY	10036			
	Outstanding Balance Beginning This Period				Transaction ID :	SD10.6244
	56833.56 Amount Incurred This Period	Pa	yment This Period		Outstanding Bala	ance at Close of This Period
	0.00	7	0	.00		56833.56
	B. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCA		KERS EAST		Nature of Debt (PI REIMBURSE STA BENEFITS	urpose): FF SALARIES AND
	Mailing Address 330 WEST 42ND STREET City State	Zip Code				
	NEW YORK	NY	10036			
	Outstanding Balance Beginning This Period 82522.06				Transaction ID	: SD10.6245
	Amount Incurred This Period	Pa	yment This Period		Outstanding Bala	ance at Close of This Period
	0.00	,	0	.00	,	82522.06
	C. Full Name (Last, First, Middle Initial) of Debto		RKERS EAST		Nature of Debt (PI REIMBURSE STA BENEFITS	urpose): AFF SALARIES AND
	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	Pa	yment This Period		Outstanding Bala	ance at Close of This Period
	0.00	, ,	0	.00	,	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 o	only)	▶	,	7
4)	ADD 2) and 3) and carry forward to appropriate	line of Summ	ary Page (last page o	only) >		

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 15 OF

FOR LINE NUMBER: (check only one) 9

ΛC	duding Loans			numi	pered line)	 X 10
	ME OF COMMITTEE (In Full) 199 SERVICE EMPLOYEES INT'L	UNION F	EDERAL POLI	TICAL	_ ACTION FU	ND
	A. Full Name (Last, First, Middle Initial) of Debto 1199 SEIU UNITED HEALTHC		RKERS EAST		Nature of Debt (Pu REIMBURSE STA BENEFITS	ırpose): FF SALARIES AND
	Mailing Address 330 WEST 42ND STREET					
	City State NEW YORK	Zip Code NY	10036			
	Outstanding Balance Beginning This Period				Transaction ID :	SD10.6247
	2812.96 Amount Incurred This Period	Pa	yment This Period		Outstanding Bala	ance at Close of This Period
	0.00	,	0	.00		2812.96
	B. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCA Mailing Address 330 WEST 42ND STREET		KERS EAST		Nature of Debt (Pu REIMBURSE STA BENEFITS	irpose): FF SALARIES AND
	Mailing Address 330 WEST 42ND STREET City State	Zip Code				
	NEW YORK	NY	10036			
	Outstanding Balance Beginning This Period 5095.64				Transaction ID	: SD10.6248
	Amount Incurred This Period	Pa	yment This Period		Outstanding Bala	ance at Close of This Period
	0.00		0	.00		5095.64
	C. Full Name (Last, First, Middle Initial) of Debto		RKERS EAST		Nature of Debt (Pu REIMBURSE STA BENEFITS	ırpose): IFF SALARIES AND
	Mailing Address 330 WEST 42ND STREET					
	City NEW YORK	State NY	Zip Code 10036			
	Outstanding Balance Beginning This Period 12962.04				Transaction ID	: SD10.6249
	Amount Incurred This Period	Pa	yment This Period		Outstanding Bala	ance 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	only)		>		
3)	TOTAL OUTSTANDING LOANS from Schedule	C (last page o	only)	>		
4)	ADD 2) and 3) and carry forward to appropriate	line of Summ	ary Page (last page o	only) >		

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

CHEDULE D (FEC Form 3X)					PAGE 16 OF 29		
,				separate			
EBTS AND OBLIGATIONS				edule(s)	FOR LINE NUMBER:		
cluding Loans			1	r each	(check only one) 9		
Cidding Loans			numb	ered line)	X 10		
AME OF COMMITTEE (In Full)							
199 SERVICE EMPLOYEES INT'L	UNION FEI	DERAL POLI	TICAL	. ACTIOI	N FUND		
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			Nature of D	ebt (Purpose):		
1199 SEIU UNITED HEALTHC	ADE MODI	CDC EVCT		_	SE STAFF SALARIES AND		
1199 SEIO ONITED HEALTHC	AKE WOK	KEKS EAST		BENEFITS	i		
Mailing Address 330 WEST 42ND STREET							
330 WEST 42ND STREET							
City State	Zip Code						
NEW YORK	NY	40000					
NEW TORK	111	10036					
Outstanding Balance Beginning This Period				Transacti	on ID : SD10.6284		
10997.70							
Amount Incurred This Period Payment This Period				Outstanding Balance at Close of This Period			
Attribute modified This Feriod	r dynn	CHE THIS I CHOC		Cataland Balance at Close of The Folia			
0.00		0.	00		10997.70		
	,				, , , , , , , , , , , , , , , , , , , ,		
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of D	ebt (Purpose):		
1199 SEIU UNITED HEALTHCA		ERS EAST			SE STAFF SALARIES AND		
1199 GEIO GIVITED HEALTHOA	AINE WORK	LING LAGI		BENEFITS			
Mailing Address 330 WEST 42ND STREET							
330 WEST 42ND STREET							
City State	Zip Code						
NEW YORK	NY	10036					
NEW TORK	INT	10030					
Outstanding Balance Beginning This Period				Transact	tion ID : SD10.6285		
7231.75							
Amount Incurred This Period	Pavm	ent This Period		Outstandii	ng Balance at Close of This Period		
	. ayın		-	3 4131471411			
0.00		0.	00	1	7231.75		
	,	,					
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			Nature of D	ebt (Purpose):		
4400 0511111111155		(EDO E 4 O E			CE CTAFE CALADIEC AND		

1199 SEIU UNITED HEALTHCARE WORKERS EAST BENEF Mailing Address 330 WEST 42ND STREET State Zip Code **NEW YORK** 10036 Trans Outstanding Balance Beginning This Period 10997.70 Amount Incurred This Period Payment This Period Outst 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature **REIMB** 1199 SEIU UNITED HEALTHCARE WORKERS EAST BENEF Mailing Address 330 WEST 42ND STREET City State Zip Code **NEW YORK** NY 10036 Outstanding Balance Beginning This Period Tran 7231.75 Amount Incurred This Period Payment This Period Outst 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature 1199 SEIU UNITED HEALTHCARE WORKERS EAST REIMBURSE STAFF SALARIES AND **BENEFITS** Mailing Address 330 WEST 42ND STREET Zip Code City State **NEW YORK** 10036 NY Transaction ID: SD10.6286 Outstanding Balance Beginning This Period 3434.67 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3434.67 21664.12 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) ▶

(Use separate schedule(s) for each

PAGE 17 OF FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full) 199 SERVICE EMPLOYEES INT'L U	UNION FE	EDERAL POLIT	TICAL	. ACTION	I FUND
	A. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCA		KERS EAST		Nature of De REIMBURS BENEFITS	ebt (Purpose): E STAFF SALARIES AND
	Mailing Address 330 WEST 42ND STREET					
	City State NEW YORK	Zip Code NY	10036			
	Outstanding Balance Beginning This Period 16789.92				Transactio	on ID : SD10.6287
	Amount Incurred This Period 0.00	Pay	ment This Period	00	Outstandin	g Balance at Close of This Period 16789.92
		, iii				1 (2
	B. Full Name (Last, First, Middle Initial) of Debtor of 1199 SEIU UNITED HEALTHCAI		KERS EAST			ebt (Purpose): E STAFF SALARIES AND
	Mailing Address 330 WEST 42ND STREET City State	Zin Codo				
	City State NEW YORK	Zip Code NY	10036			
	Outstanding Balance Beginning This Period 9286.03				Transacti	on ID : SD10.6288
	Amount Incurred This Period	Pay	ment This Period	00	Outstandin	g Balance at Close of This Period
	0.00		0.0	00		9286.03
	C. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCA		KERS EAST			ebt (Purpose): E STAFF SALARIES AND
	Mailing Address 330 WEST 42ND STREET					
	City NEW YORK	State NY	Zip Code 10036			
	Outstanding Balance Beginning This Period 13004.52				Transacti	on ID : SD10.11208
	Amount Incurred This Period	Pay	ment This Period		Outstandin	g Balance at Close of This Period
	0.00		0.0	00	L	13004.52
1)	SUBTOTALS This Period This Page (optional)			>		39080.47
2)	TOTALS This Period (last page this line number of	only)		▶	<u> </u>	, , , , , , , , , , , , , , , , , , , ,
3)	TOTAL OUTSTANDING LOANS from Schedule C	; (last page or	nly)	▶		7
4)	ADD 2) and 3) and carry forward to appropriate li	ine of Summa	ry Page (last page or	nly) 🕨		

NAME OF COMMITTEE (In Full)

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

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1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL POLITICA	AL ACTION FUND
A. Full Name (Last, First, Middle Initial) of Debto		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET		
City State NEW YORK	Zip Code NY 10036	
Outstanding Balance Beginning This Period		Transaction ID : SD10.11209
20006.45		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	20006.45
B. Full Name (Last, First, Middle Initial) of Debtor 1199 SEIU UNITED HEALTHCA		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET		
City State NEW YORK	Zip Code NY 10036	_
Outstanding Balance Beginning This Period		Transaction ID : SD10.11206
18904.21		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	18904.21
C. Full Name (Last, First, Middle Initial) of Debto		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET		_
City NEW YORK	State Zip Code NY 10036	_
Outstanding Balance Beginning This Period		Transaction ID : SD10.11207
188588.83		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	188588.83
) SUBTOTALS This Period This Page (optional)		227499.49
) TOTALS This Period (last page this line number	only)	
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶	

Excluding Loans

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

PAGE 19 OF FOR LINE NUMBER: 9 (check only one)

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'I	_ UNION FEDERA	L POLITICAL	ACTION FUN	ID
A. Full Name (Last, First, Middle Initial) of Deb AMERICAN EXPRESS	tor or Creditor		Nature of Debt (Purp CATERING	oose):
Mailing Address P.O. BOX 2855				
City State NEW YORK	Zip Code NY 1011	6-2855		
Outstanding Balance Beginning This Period 240.00	Downson This	Davied	Transaction ID : S	
Amount Incurred This Period 0.00	Payment This	0.00	Outstanding Balance	ce at Close of This Period 240.00
B. Full Name (Last, First, Middle Initial) of Debte AVIS RENT A CAR SYSTEM,			lature of Debt (Purp TRAVEL EXPENSE:	
Mailing Address 7876 COLLECTIONS CTR DR				
City State CHICAGO	Zip Code IL 6069	3		
Outstanding Balance Beginning This Period 1156.12			Transaction ID : S	6D10.6540
Amount Incurred This Period 0.00	Payment This	Period 0.00	Outstanding Baland	ce at Close of This Period 1156.12
C. Full Name (Last, First, Middle Initial) of Deb JENNY BAUER	tor or Creditor	<u> </u>	Nature of Debt (Purp REIMBURSEMENT EXPENSES	
Mailing Address 2 WILCOTT PARK				
City MEDFORD	State Zip Cod MA 02155			
Outstanding Balance Beginning This Period 43.65			Transaction ID: \$	SD10.6541
Amount Incurred This Period	Payment This	Period	Outstanding Baland	ce at Close of This Period
0.00		0.00		43.65
1) SUBTOTALS This Period This Page (optional).		>		1439.77
2) TOTALS This Period (last page this line number	er only)	>		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>	7	
4) ADD 2) and 3) and carry forward to appropriat	e line of Summary Page (I	ast page only) ▶	1	

Excluding Loans

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

A. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Nature of Debt (Purpose): REIMBURSEMENT FOR TRAVEL
Mailing Address 327 SAINT NICHOLAS AVENU		EXPENSES
APT. 2N		
City State	Zip Code	
NEW YORK	NY 10027-3609	
Outstanding Balance Beginning This Period		Transaction ID : SD10.6508
45.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	45.00
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose):
ENTERPRISE RENT-A-CAR		RENTAL VEHICLE
Mailing Address P.O. BOX 840173		-
City State	Zip Code	-
KANSAS CITY	MO 64184-0173	
Outstanding Balance Beginning This Period		Transaction ID : SD10.12157
6277.88		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	6277.88
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of Debt (Purpose): RENTAL VEHICLE
ENTERPRISE RENT-A-CAR		KENTAL VEHICLE
Mailing Address P.O. BOX 840173		
City	State Zip Code	-
KANSAS CITY	MO 64184-0173	
Outstanding Balance Beginning This Period		Transaction ID : SD10.12248
3138.94		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	3138.94
SUBTOTALS This Period This Page (optional)		9461.82
, OUDTOTALO TIIIS FERIOU TIIIS FAGE (OPTIONAI)		
TOTALS This Period (last page this line number	r only)	
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
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Excluding Loans

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	. UNION FEDERAL POLITIC	AL ACTION FUND
A. Full Name (Last, First, Middle Initial) of Debte ENTERPRISE RENT-A-CAR	or or Creditor	Nature of Debt (Purpose): RENTAL VEHICLE
Mailing Address P.O. BOX 840173		
City State KANSAS CITY	Zip Code MO 64184-0173	
Outstanding Balance Beginning This Period		Transaction ID : SD10.12250
3587.36	December This Decise	O hater the Dalaman of Ohean of This Daried
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3587.36
B. Full Name (Last, First, Middle Initial) of Debto MACK CROUNSE GROUP	r or Creditor	Nature of Debt (Purpose): MAILINGS
Mailing Address 2001 N. BEAUREGARD ST., ST		
City State ALEXANDRIA	Zip Code VA 22311	
Outstanding Balance Beginning This Period 1606.34		Transaction ID : SD10.8322
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1606.34
C. Full Name (Last, First, Middle Initial) of Debt MACK CROUNSE GROUP	or or Creditor	Nature of Debt (Purpose): MAILINGS
Mailing Address 2001 N. BEAUREGARD ST., S	TE 420	
City ALEXANDRIA	State Zip Code VA 22311	
Outstanding Balance Beginning This Period 1606.34		Transaction ID : SD10.8323
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1606.34
1) SUBTOTALS This Period This Page (optional))	6800.04
2) TOTALS This Period (last page this line numbe	r only)	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)	

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PAGE 22 OF FOR LINE NUMBER:

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L		TICAL ACTIO	N FUND
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		ebt (Purpose): Y & PRODUCTION
NOVAK MEDIA INC.			
Mailing Address 159 WEST MAIN STREET			
City State WEBSTER	Zip Code NY 14580		
Outstanding Balance Beginning This Period 18850.00		Transacti	on ID : SD10.7361
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		.00	18850.00
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		ebt (Purpose): SEMENT CATERING EXPENSE
Mailing Address 401 ROSE AVE			
City State	Zip Code		
SCHENECTADY	NY 12308		
Outstanding Balance Beginning This Period 201.39		Transact	tion ID : SD10.6531
Amount Incurred This Period	Payment This Period	Outstandii	ng Balance at Close of This Period
0.00		.00	201.39
C. Full Name (Last, First, Middle Initial) of Debt SEIU COMMUNICATIONS CE		Nature of D ROBO CA	ebt (Purpose): LLS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State Zip Code NY 10036		
Outstanding Balance Beginning This Period	10000	Transact	tion ID : SD10.7362
4372.06			
Amount Incurred This Period	Payment This Period	Outstandii	ng Balance at Close of This Period
0.00		.00	4372.06

Excluding Loans

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PAGE 23 OF FOR LI (check

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL POLITICA	L ACTION FUND
A. Full Name (Last, First, Middle Initial) of Debto SEIU COMMUNICATIONS CEI		Nature of Debt (Purpose): PHONE BANK CALLS
Mailing Address 330 WEST 42ND STREET		
City State NEW YORK	Zip Code NY 10036	
Outstanding Balance Beginning This Period		Transaction ID : SD10.8325
22157.25		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	22157.25
B. Full Name (Last, First, Middle Initial) of Debtor STANDARD MODERN COMPA		Nature of Debt (Purpose): DOORHANGERS
Mailing Address 47 PLEASANT STREET		
City State BROCKTON	Zip Code MA 02301	
Outstanding Balance Beginning This Period		Transaction ID : SD10.12252
598.89		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	598.89
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose): GAS CARDS
Mailing Address 185 N. FRANKLIN ST REET		-
City CHICAGO	State Zip Code IL 60606	
Outstanding Balance Beginning This Period		Transaction ID : SD10.12158
726.26		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	726.26
1) SUBTOTALS This Period This Page (optional)	>	23482.40
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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ME OF COMMITTEE (In Full) 199 SERVICE EMPLOYEES INT'L	UNION FEDERAL PO	LITICAL ACTION	ON FUND		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose): GAS CARDS		
SVM, LP	GAS CA	IKDS			
Mailing Address 185 N. FRANKLIN ST REET					
City State	Zip Code				
CHICAGO	IL 60606				
Outstanding Balance Beginning This Period		Transa	ction ID : SD10.12253		
800.07					
Amount Incurred This Period	Payment This Period	Outstar	nding Balance at Close of This Perio		
0.00		0.00	800.07		
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		f Debt (Purpose):		
SVM, LP		GAS CA	KD5		
Mailing Address 185 N. FRANKLIN ST REET					
City State CHICAGO	Zip Code IL 60606				
Outstanding Balance Beginning This Period	IL 00000	Transa	action ID : SD10.12254		
800.07		T dilo			
Amount Incurred This Period	Payment This Period	Outstar	nding Balance at Close of This Perio		
0.00	T dymont This T chod	0.00	800.07		
0.00		0.00	000.07		
C. Full Name (Last, First, Middle Initial) of Debtor SVM, LP	or Creditor	Nature of GAS CA	f Debt (Purpose): RDS		
Mailing Address 185 N. FRANKLIN ST REET					
City	State Zip Code				
CHICAGO	IL 60606				
Outstanding Balance Beginning This Period		Irans	action ID : SD10.12255		
800.07					
Amount Incurred This Period	Payment This Period	Outstar	nding Balance at Close of This Perio		
0.00		0.00	800.07		
SUBTOTALS This Period This Page (optional)			2400.21		
TOTALS This Period (last page this line number					
TOTAL OUTSTANDING LOANS from Schedule C	C (last page only)				
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Excluding Loans

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPL	LOYEES INT'L	. UNION FEDERAL	POLITICAL	ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose): CATERING EXPENSES
UNION TRAVEL MASTERCAR	RD		CATERING EXPENSES
Mailing Address P.O. BOX 88000			_
P.O. BOX 88000			
City State	Zip Code		
BALTIMORE	MD	21288	
Outstanding Balance Beginning This Period			Transaction ID : SD10.6517
1897.47			
Amount Incurred This Period	Payment	This Period	Outstanding Balance at Close of This Period
0.00		0.00	1897.47
B. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		Nature of Debt (Purpose):
UNION TRAVEL MASTERCAR	D		CATERING EXPENSES
Mailing Address P.O. BOX 88000			
City State	Zip Code		
BALTIMORE	•	21288	
Outstanding Balance Beginning This Period			Transaction ID : SD10.6518
1849.15			
Amount Incurred This Period	Payment	This Period	Outstanding Balance at Close of This Period
0.00		0.00	1849.15
C. Full Name (Last, First, Middle Initial) of Debto			Nature of Debt (Purpose): BEVERAGE EXPENSES
Mailing Address P.O. BOX 88000			
City	State Zi	p Code	
BALTIMORE		1288	
Outstanding Balance Beginning This Period			Transaction ID : SD10.6519
835.02			
Amount Incurred This Period	Payment	This Period	Outstanding Balance at Close of This Period
0.00		0.00	835.02
			, , , , , , , , , , , , , , , , , , , ,
SUBTOTALS This Period This Page (optional)		>	4581.64
TOTALS This Period (last page this line number	only)	>	
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>	
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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL P	OLITICA	L ACTIO	N FUND
` ' ' ' '	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			
Mailing Address P.O. BOX 88000			_	
City State BALTIMORE	Zip Code MD 21288		_	
Outstanding Balance Beginning This Period 435.95			Transacti	on ID : SD10.6520
Amount Incurred This Period	Payment This Peri	od	Outstandir	ng Balance at Close of This Period
0.00		0.00		435.95
B. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARD			Nature of D TRAVEL E	ebt (Purpose): XPENSES
Mailing Address P.O. BOX 88000			_	
City State BALTIMORE	Zip Code MD 21288			
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.6521
1056.95 Amount Incurred This Period	Payment This Peri	od	Outstandir	ng Balance at Close of This Period
0.00		0.00		1056.95
C. Full Name (Last, First, Middle Initial) of Debto UNION TRAVEL MASTERCAR				ebt (Purpose): GEXPENSES
Mailing Address P.O. BOX 88000			-	
City BALTIMORE	State Zip Code MD 21288			
Outstanding Balance Beginning This Period 2372.04			Transact	ion ID : SD10.6522
Amount Incurred This Period	Payment This Peri	od	Outstandir	ng Balance at Close of This Period
0.00		0.00	L	2372.04
1) SUBTOTALS This Period This Page (optional)				3864.94
2) TOTALS This Period (last page this line number	only)	>		7
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 p	age only)		

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL POLITICA	AL ACTION FUND	
A. Full Name (Last, First, Middle Initial) of Debto UNION TRAVEL MASTERCAF Mailing Address P.O. BOX 88000	Nature of Debt (Purpose): TRAVEL EXPENSES		
City State	Zip Code	_	
BALTIMORE	MD 21288		
Outstanding Balance Beginning This Period		Transaction ID : SD10.6533	
367.37			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	367.37	
B. Full Name (Last, First, Middle Initial) of Debto		Nature of Debt (Purpose):	
UNION TRAVEL MASTERCAR	D	TRAVEL EXPENSES	
Mailing Address P.O. BOX 88000			
City State BALTIMORE	Zip Code MD 21288		
	MD 21288		
Outstanding Balance Beginning This Period 262.40		Transaction ID: SD10.6535	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	262.40	
C. Full Name (Last, First, Middle Initial) of Debte UNION TRAVEL MASTERCAF		Nature of Debt (Purpose): CATERING EXPENSES	
Mailing Address P.O. BOX 88000			
City BALTIMORE	State Zip Code MD 21288		
Outstanding Balance Beginning This Period 477.00		Transaction ID: SD10.6536	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	477.00	
SUBTOTALS This Period This Page (optional)		1106.77	
2) TOTALS This Period (last page this line number	only)		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	7 7	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶		

Excluding Loans

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9 numbered line) **X** 10 NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State Zip Code **BALTIMORE** 21288 Transaction ID: SD10.6537 Outstanding Balance Beginning This Period 524.80 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 524.80 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **CATERING EXPENSES** UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State Zip Code **BALTIMORE** 21288 MD Outstanding Balance Beginning This Period Transaction ID: SD10.6538 1115.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1115.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000 City State Zip Code **BALTIMORE** 21288 MD Transaction ID: SD10.6539 Outstanding Balance Beginning This Period 419.84 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 419.84 2059.64 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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	ME OF COMMITTEE (In Full) 199 SERVICE EMPLOYEES INT'L I	UNION	I FEI	DERAL POLI	TICA	L ACTION	N FUND	
	A. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI		or				ebt (Purpose): RTATION COSTS	
	Mailing Address P.O. BOX 88000					-		
	City State BALTIMORE	Zip Co	ode //D	21288		-		
	Outstanding Balance Beginning This Period 539.45					Transaction	on ID : SD10.6545	
	Amount Incurred This Period		Paym	ent This Period		Outstandir	ng Balance at Close of Th	is Period
	0.00		,	0.0	00		539	0.45
	B. Full Name (Last, First, Middle Initial) of Debtor of UNION TRAVEL MASTERCARD Mailing Address P.O. BOX 88000		or				ebt (Purpose): EXPENSES	
	1.6. 56.0000	7:- 0-				-		
	City State BALTIMORE	Zip Co MD		21288				
	Outstanding Balance Beginning This Period					Transact	ion ID : SD10.6546	
	2552.60							
	Amount Incurred This Period		Paym	ent This Period		Outstandir	ng Balance at Close of Th	is Period
	0.00		7	0.0	00		2552	2.60
	C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARI		or				ebt (Purpose): B EXPENSES	
	Mailing Address P.O. BOX 88000							
	City BALTIMORE	State MD		Zip Code 21288				
	Outstanding Balance Beginning This Period 3224.16					Transact	ion ID : SD10.6548	
	Amount Incurred This Period 0.00		Paym	ent This Period 0.0	00	Outstandir	ng Balance at Close of Th	
1)	SUBTOTALS This Period This Page (optional)				▶		6316	5.21
2)	TOTALS This Period (last page this line number of	only)			▶		744850).12
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last pag	ge only	v)	▶		, , , , ,	.00

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

744850.12