

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="2378203.05"/>	<input type="text" value="2378203.05"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2378203.05"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1710109.59"/>	<input type="text" value="1710109.59"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="4088312.64"/>	<input type="text" value="4088312.64"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2312778.63"/>	<input type="text" value="2312778.63"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1775534.01"/>	<input type="text" value="1775534.01"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="744850.12"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	1709498.22	1709498.22
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1709498.22	1709498.22
(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)	1709498.22	1709498.22
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.).....	611.37	611.37
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1710109.59	1710109.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1710109.59	1710109.59

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	5795.00	5795.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5795.00	5795.00
22. Transfers to Affiliated/Other Party Committees.....	2296000.00	2296000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	176.00	176.00
(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)).....	176.00	176.00
29. Other Disbursements	10807.63	10807.63
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2312778.63	2312778.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1709498.22	1709498.22
34. Total Contribution Refunds (from Line 28(d))	176.00	176.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1709322.22	1709322.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5795.00	5795.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5795.00	5795.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

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 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. TD BANK
 Mailing Address 1710 ROUTE 70 EAST
 City State Zip Code
 CHERRY HILL NJ 08034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 221.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016
Transaction ID : SA17.17340
 Amount of Each Receipt this Period
 221.90
 Memo Item
 INTEREST INCOME

Full Name (Last, First, Middle Initial)
B. TD BANK
 Mailing Address 1710 ROUTE 70 EAST
 City State Zip Code
 CHERRY HILL NJ 08034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 469.44

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2016
Transaction ID : SA17.17341
 Amount of Each Receipt this Period
 247.54
 Memo Item
 INTEREST INCOME

Full Name (Last, First, Middle Initial)
C. TD BANK
 Mailing Address 1710 ROUTE 70 EAST
 City State Zip Code
 CHERRY HILL NJ 08034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 611.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : SA17.17342
 Amount of Each Receipt this Period
 141.93
 Memo Item
 INTEREST INCOME

SUBTOTAL of Receipts This Page (optional).....▶	611.37
TOTAL This Period (last page this line number only).....▶	611.37

**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)

<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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. HOROWITZ & ULLMANN, P.C.

Mailing Address 275 MADISON AVENUE
SUITE 902

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
ACCOUNTING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2016

Transaction ID : SB21B.17347

Amount of Each Disbursement this Period

5795.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5795.00

5795.00

**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)

<input type="checkbox"/> 21b	<input checked="" 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

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

Full Name (Last, First, Middle Initial)

A. COMMITTEE FOR MARYLAND'S PROGRESS

Mailing Address 700 13TH STREET, NW, STE. 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 24 / 2016

Transaction ID : SB22.17344

Amount of Each Disbursement this Period

296000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SEIU COPE FUND

Mailing Address 1313 L STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : SB22.17348

Amount of Each Disbursement this Period

2000000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2296000.00

2296000.00

**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)

<input 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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. MARY ANN BUERMAN

Mailing Address 5564 KATHAN ROAD

City State Zip Code
BREWERTON NY 13029

Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2016

Transaction ID : SB28A.17353

Amount of Each Disbursement this Period

6.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KRISTINA TARASOVA

Mailing Address 76 TAUNTON STREET

City State Zip Code
STATEN ISLAND NY 10306

Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2016

Transaction ID : SB28A.17355

Amount of Each Disbursement this Period

90.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

96.00

96.00

**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)

<input 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 checked="" 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

Full Name (Last, First, Middle Initial)

A. 1199 SEIU DUES ACCOUNT

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
REFUND OF EXCESS PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 20 / 2016

Transaction ID : SB29.17359

Amount of Each Disbursement this Period

5151.05

Memo Item

Full Name (Last, First, Middle Initial)

B. 1199 SEIU DUES ACCOUNT

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SB29.17354

Amount of Each Disbursement this Period

5656.58

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

10807.63

10807.63

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 29
	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	Nature of Debt (Purpose): STAFF SALARIES
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 32560.00	Transaction ID : SD10.12155	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 32560.00

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

Outstanding Balance Beginning This Period 9465.92	Transaction ID : SD10.12156	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9465.92

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 8091.98	Transaction ID : SD10.6240	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8091.98

1) SUBTOTALS This Period This Page (optional)..... ▶	50117.90
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
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 OF 29
	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 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 State Zip Code NEW YORK NY 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 State Zip Code NEW YORK NY 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 14 OF 29
	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 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 State Zip Code NEW YORK NY 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 State Zip Code NEW YORK NY 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)	PAGE 15 OF 29
	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 2812.96	Transaction ID : SD10.6247	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 5095.64	Transaction ID : SD10.6248	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 12962.04	Transaction ID : SD10.6249	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 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 16 OF 29
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
1199 SEIU UNITED HEALTHCARE WORKERS EAST

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 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 State Zip Code NEW YORK NY 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 State Zip Code NEW YORK NY 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)	PAGE 17 OF 29
	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 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 State Zip Code NEW YORK NY 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 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 13004.52	Transaction ID : SD10.11208	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 13004.52

1) SUBTOTALS This Period This Page (optional)..... ▶	39080.47
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 18 OF 29
	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 20006.45	Transaction ID : SD10.11209	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20006.45

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 18904.21	Transaction ID : SD10.11206	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 18904.21

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 188588.83	Transaction ID : SD10.11207	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 188588.83

1) SUBTOTALS This Period This Page (optional)..... ▶	227499.49
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 19 OF 29
	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 AMERICAN EXPRESS	Nature of Debt (Purpose): CATERING
Mailing Address P.O. BOX 2855	
City State Zip Code NEW YORK NY 10116-2855	

Outstanding Balance Beginning This Period 240.00	Transaction ID : SD10.6289	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 240.00

B. 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 State Zip Code CHICAGO IL 60693	

Outstanding Balance Beginning This Period 1156.12	Transaction ID : SD10.6540	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1156.12

C. 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 State Zip Code MEDFORD MA 02155	

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

1) SUBTOTALS This Period This Page (optional)..... ▶	1439.77
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
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SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 29
	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 LILLIAN CARINO	Nature of Debt (Purpose): REIMBURSEMENT FOR TRAVEL EXPENSES
Mailing Address 327 SAINT NICHOLAS AVENUE APT. 2N	
City State Zip Code NEW YORK NY 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

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

Outstanding Balance Beginning This Period 6277.88	Transaction ID : SD10.12157	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6277.88

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

Outstanding Balance Beginning This Period 3138.94	Transaction ID : SD10.12248	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3138.94

1) SUBTOTALS This Period This Page (optional)..... ▶	9461.82
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
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SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 29
	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 ENTERPRISE RENT-A-CAR	Nature of Debt (Purpose): RENTAL VEHICLE
Mailing Address P.O. BOX 840173	
City State Zip Code KANSAS CITY MO 64184-0173	

Outstanding Balance Beginning This Period <input type="text" value="3587.36"/>	Transaction ID : SD10.12250	
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="3587.36"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MACK CROUNSE GROUP	Nature of Debt (Purpose): MAILINGS
Mailing Address 2001 N. BEAUREGARD ST., STE 420	
City State Zip Code ALEXANDRIA VA 22311	

Outstanding Balance Beginning This Period <input type="text" value="1606.34"/>	Transaction ID : SD10.8322	
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="1606.34"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MACK CROUNSE GROUP	Nature of Debt (Purpose): MAILINGS
Mailing Address 2001 N. BEAUREGARD ST., STE 420	
City State Zip Code ALEXANDRIA VA 22311	

Outstanding Balance Beginning This Period <input type="text" value="1606.34"/>	Transaction ID : SD10.8323	
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="1606.34"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="6800.04"/>
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 22 OF 29
	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 NOVAK MEDIA INC.	Nature of Debt (Purpose): RADIO BUY & PRODUCTION
Mailing Address 159 WEST MAIN STREET	
City State Zip Code WEBSTER NY 14580	

Outstanding Balance Beginning This Period 18850.00	Transaction ID : SD10.7361	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 18850.00

B. 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 State Zip Code SCHENECTADY NY 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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEIU COMMUNICATIONS CENTER LLC.	Nature of Debt (Purpose): ROBO CALLS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 4372.06	Transaction ID : SD10.7362	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4372.06

1) SUBTOTALS This Period This Page (optional)..... ▶	23423.45
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 23 OF 29
	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 SEIU COMMUNICATIONS CENTER LLC.	Nature of Debt (Purpose): PHONE BANK CALLS
Mailing Address 330 WEST 42ND STREET	
City State Zip Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 22157.25	Transaction ID : SD10.8325	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 22157.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor STANDARD MODERN COMPANY	Nature of Debt (Purpose): DOORHANGERS
Mailing Address 47 PLEASANT STREET	
City State Zip Code BROCKTON MA 02301	

Outstanding Balance Beginning This Period 598.89	Transaction ID : SD10.12252	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 598.89

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SVM, LP	Nature of Debt (Purpose): GAS CARDS
Mailing Address 185 N. FRANKLIN ST REET	
City State Zip Code CHICAGO IL 60606	

Outstanding Balance Beginning This Period 726.26	Transaction ID : SD10.12158	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 24 OF 29
	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 SVM, LP	Nature of Debt (Purpose): GAS CARDS
Mailing Address 185 N. FRANKLIN ST REET	
City State Zip Code CHICAGO IL 60606	

Outstanding Balance Beginning This Period 800.07	Transaction ID : SD10.12253	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 800.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SVM, LP	Nature of Debt (Purpose): GAS CARDS
Mailing Address 185 N. FRANKLIN ST REET	
City State Zip Code CHICAGO IL 60606	

Outstanding Balance Beginning This Period 800.07	Transaction ID : SD10.12254	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 800.07

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SVM, LP	Nature of Debt (Purpose): GAS CARDS
Mailing Address 185 N. FRANKLIN ST REET	
City State Zip Code CHICAGO IL 60606	

Outstanding Balance Beginning This Period 800.07	Transaction ID : SD10.12255	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 800.07

1) SUBTOTALS This Period This Page (optional)..... ▶	2400.21
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 25 OF 29
	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): CATERING EXPENSES
Mailing Address P.O. BOX 88000	
City State Zip Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period 1897.47	Transaction ID : SD10.6517	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1897.47

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 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

C. 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 State Zip Code BALTIMORE MD 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

1) SUBTOTALS This Period This Page (optional)..... ▶	4581.64
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 26 OF 29
	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 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

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 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

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 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

1) SUBTOTALS This Period This Page (optional)..... ▶	3864.94
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 27 OF 29
	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 <input type="text" value="367.37"/>	Transaction ID : SD10.6533	
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="367.37"/>

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 State Zip Code BALTIMORE MD 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"/>

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 State Zip Code BALTIMORE MD 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"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="1106.77"/>
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 28 OF 29
	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 524.80	Transaction ID : SD10.6537	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 524.80

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 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

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 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

1) SUBTOTALS This Period This Page (optional)..... ▶	2059.64
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 29 OF 29
	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): TRANSPORTATION COSTS
Mailing Address P.O. BOX 88000	
City State Zip Code BALTIMORE MD 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

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 2552.60	Transaction ID : SD10.6546	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2552.60

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 State Zip Code BALTIMORE MD 21288	

Outstanding Balance Beginning This Period 3224.16	Transaction ID : SD10.6548	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3224.16

1) SUBTOTALS This Period This Page (optional)..... ▶	6316.21
2) TOTALS This Period (last page this line number only)..... ▶	744850.12
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	744850.12