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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND 330 WEST 42ND STREET, 7TH FLOOR ADDRESS (number and street) Check if different than previously **NEW YORK** NY 10036 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00348540 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Χ Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the 03 3 1 2009 NY Election on State of 03 12 2009 04 20 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. **KEVIN FINNEGAN** Type or Print Name of Treasurer Electronically Filed by **KEVIN FINNEGAN** 04 30 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND D " D 12 20 03 2009 0.4 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2009 822096.41 January 1 (b) Cash on Hand at 648675.62 Begining of Reporting Period 828898.74 2100953.85 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1477574.36 2923050.26 6(a) and 6(c) for Column B) 551902.66 1997378.56 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 925671.70 925671.70 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 399804.54 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period: From:	0 3 1 2 Y Y W Y Y TO	$0: \begin{array}{c cccc} & & & & & & & & & & & & & & & & & $		
I. Receipts	I. Receipts COLUMN A Total This Period			
11. Contributions (other than loans) From: (a) Individuals/Persons Other				
Than Political Committees (i) Itemized (use Schedule A)	0.00	0.00		
(ii) Unitemized	828898.74	2100953.85		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	828898.74	2100953.85		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00		
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	828898.74	2100953.85		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00		
13. All Loans Received	0.00	0.00		
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00		
to Federal candidates and Other Political Committees	0.00	0.00		
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00		
18. Transfers from Non-Federal and Levin Fund	S			
(a) Non-Federal Account (from Schedule H3)	0.00	0.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	828898.74	2100953.85		
20. Total Federal Receipts (subtract Line 18(s) from Line 19)	828898.74	2100953.85		

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		Total This Period		
21.	Operating Expenditures:			
	(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00	
	(i) Federal Share	0.00	0.00	
	(ii) Non-Federal Share	0.00	0.00	
	(b) Other Federal Operating	20400.00	20170.00	
	Expenditures	22120.00	26179.00	
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	22120.00	26179.00	
2.	Transfers to Affiliated/Other Party	0.00	0.00	
3.	Committees	0.00	0.00	
	Federal Candidates/Committeesand Other Political Committees	0.00	0.00	
4.	Independent Expenditure (use Schedule E)	529730.76	1971147.66	
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00	
	(use Schedule F)	0.00	0.00	
ô.	Loan Repayments Made	0.00	0.00	
7.	Loans Made	0.00	0.00	
8.	Refunds of Contributions To: (a) Individuals/Persons Other	16.10	16.10	
	Than Political Committees			
	(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))	16.10	16.10	
9.	Other Disbursements	35.80	35.80	
0.	Federal Election Activity (2 U.S.C 431(20))			
٥.	(a) Shared Federal Election Activity			
	(from Schedule H6)	0.00	0.00	
	(i) Federal Share	0.00	0.00	
	(ii) "Levin" Share	0.00	0.00	
	(b) Federal Election Activity Paid Entirely	0.00	0.00	
	With Federal Funds			
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
	Total Disbursements (add Lines 21(c), 22,			
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	551902.66	1997378.56	
2.	Total Federal Disbursements			
	(subtract Line 21(a)(ii) and Line 30(a)(ii)			
	from Line 31)	551902.66	1997378.56	

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)	828898.74	2100953.85
34.	Total Contribution Refunds (from Line 28(d))	16.10	16.10
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	828882.64	2100937.75
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	22120.00	26179.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	22120.00	26179.00

FE6AN026

State:

A.

District:

001150111 5 0 /550 5	Λ									
SCHEDULE B (FEC Form 3)	' Use separate schedule(s)) FOR LINE NUMBER: PAGE 6 / (check only one)						6/39		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 28a	23 28b		24 28c	Н	25 29		26 30b
Any Information copied from such Reports an or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)										
1199 SERVICE EMPLOYEES INT'L	LUNION FEDERAL POLITICAL A	CTION FUI	ND							
Full Name (Last, First, Middle Initial) HOROWITZ & ULLMANN, P.C. Mailing Address 275 MADISON AV	/FNI IF		Transac Date of	Disburse	_			73 0 ŏ 9	Y	
SUITE 902	State Zip Code		Amount	of Each	Diel	hurcor	non	t thic D	orio	
NEW YORK	NY 10016		Amount	UI Lacii	וטוטו	our ser	IICII	1 1113 1	CHO	J
Purpose of Disbursement ACCOUNTING FEES							221	20.00	-	
Candidate Name		Category/ Type								
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)									
President	Unier (Specify)		1							

SUBTOTAL of Disbursements This Page (optional)	•	22120.00
TOTAL This Period (last page this line number only)	<u> </u>	22120.00

COUEDINE DI (EEO Easses OV	^	
SCHEDULE B (FEC Form 3)	Use separate schedule(s)	DR LINE NUMBER: PAGE 7/39 heck only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 23 24 25 26 27 X 28a 28b 28c 29 30b
		person for the purpose of soliciting contributions tee to solicit contributions from such committee
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L	UNION FEDERAL POLITICAL ACTION	ON FUND
Full Name (Last, First, Middle Initial) SHEILA JEFFERSON Mailing Address 151-51 136TH ST	REET	Transaction ID: SB28A.6790 Date of Disbursement M M M / D 2 3 / Y Y Y O 0 9
City JAMAICA	State Zip Code NY 11434	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUT	TION	16.10
Candidate Name	Categ Typ	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

•	16.10
<u> </u>	16.10
	<u> </u>

<u> </u>	NIEDIU E D /EEO E 0	V\								
	CHEDULE B (FEC Form 3	Use separate scriedule	(check on	E NUMBER: ly one)	PAGE 8/39					
!!	EMIZED DISBURSEMENT	for each category of the Detailed Summary Page		22 23 28a 28b	24 25 26 28c X 29 30b					
	y Information copied from such Reports a for commercial purposes, other than using	•			· ·					
\rangle	NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT	L UNION FEDERAL POLITICA	AL ACTION FU	ND						
	Full Name (Last, First, Middle Initial) 1199 MASSACHUSETTS POLITIO Mailing Address 330 42ND STRE 7TH FLOOR			Date of Disbur	D: SB29.6776 sement					
	City NEW YORK	State Zip Code NY 10036		Amount of Each Disbursement this						
	Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG		35.80							
	Candidate Name		Category/ Type							
	Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	ıl							
	State: District:									

SUBTOTAL of Disbursements This Page (optional)	•	35.80
TOTAL This Period (last page this line number only)	—	35.80

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

PAGE 9 / 39 FOR LINE NUMBER: (check only one) 9 X 10

1199 SERVICE EMPI	LOYEES	INT'L UN	ION FEDERA	AL POLITICAL	ACTION FUND

NAME OF COMMITT 1199 SERVICE EN	'	FEDERAL POLITICAL ACTION FUNI)	
	st, First, Middle Initial) of Debto TED HEALTHCARE WOR	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS		
Mailing Address	330 WEST 42ND STREE			
City NEW YORK	State NY			
Outstanding Ba	lance Beginning This Period		Transaction ID: SD10.6237	
	34726.09			
Amount	Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	34726.09	0.00	
'	st, First, Middle Initial) of Debto TED HEALTHCARE WOR		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing Address	330 WEST 42ND STREE	Т		
City NEW YORK	State NY	ZIP Code 10036		
Outstanding Ba	lance Beginning This Period		Transaction ID: SD10.6238	
	8493.33			
Amount	Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	8493.33	0.00	
	st, First, Middle Initial) of Debto TED HEALTHCARE WOR		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing Address	330 WEST 42ND STREE	Т		
City NEW YORK	State NY	ZIP Code 10036		
Outstanding Ba	lance Beginning This Period		Transaction ID: SD10.6240	
	9557.09			
Amount	Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	1465.11	8091.98	
1) SUBTOTALS Th	nis Period This Page (optional).		8091.98	
2) TOTALS This Per	riod (last page this line number	only)	>	
3) TOTAL OUTSTAI	NDING LOANS from Sched	>		
4) ADD 2) and 3) a	nd carry forward to appropriate	line of Summary Page (last page only)	>	

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

PAGE 10 / 39 FOR LINE NUMBER: (check only one)

9

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

xcluding Loans nt		numbered line)	X 10	
NAME OF COMMITTEE	(In Full)			
1199 SERVICE EMPL	OYEES INT'L UNION F	EDERAL POLITICAL ACTION I	FUND	
	First, Middle Initial) of Debtor		Nature of Debt	(Purpose):
1199 SEIU UNITEI	1199 SEIU UNITED HEALTHCARE WORKERS EAST			STAFF SALARIES
				118
Mailing Address 330	WEST 42ND STREET			
City	State	ZIP Code		
City NEW YORK	NY	10036		
		10030		
Outstanding Balance	e Beginning This Period		Transa	ction ID: SD10.6241
	65588.32			
Amount Incu	irred This Period	Payment This Period	Outstanding E	Balance at Close of This Period
	0.00	0.00	.	65588.32
	First, Middle Initial) of Debtor		Nature of Debt	(Purpose):
1199 SEIU UNITE) HEALTHCARE WORK	ERS EAST	REIMBURSE	STAFF SALARIES
			AIND BEINER	113
Mailing Address 330	WEST 42ND STREET			
O:b.	Otata	ZIP Code		
City NEW YORK	State NY	10036		
		10000		
Outstanding Balance	e Beginning This Period		Transa	action ID: SD10.6242
	14545.49			
Amount Incu	ırred This Period	Payment This Period	Outstanding B	Balance at Close of This Period
	· · · · · · · · · · · · · · · · · · ·			
	0.00	0.00		14545.49
C Full Name (Leat F	First Middle Initial) of Debter	or Craditor	Noture of Dobt	(Purnoco):
	First, Middle Initial) of Debtor D HEALTHCARE WORK		Nature of Debt	STAFF SALARIES
TIBB SEIG GIVITE	TILALITIOATIL WOTE	LING LAGI	AND BENEF	ITS
Mailing Address 330	WEST 42ND STREET			
,	ILIND OTTILLT			
City	State	ZIP Code		
NEW YORK	NY	10036		
Outstanding Balance	e Beginning This Period		Transa	action ID: SD10.6243
			Tulist	
	3157.42			
Amount Incu	rred This Period	Payment This Period	Outstanding E	Balance at Close of This Period
	0.00	0.00		3157.42
	0.00	0.00		0107.42
I				
1) SUBTOTALS This F	Period This Page (optional)		•	83291.23
,	9- (- /)		_	
2) TOTALS This Period	(last page this line number of	only)	>	
3) TOTAL OUTSTANDII	NG LOANS from Schedul	le C (last page only)	>	
4) ADD 2) and 3) and c	carry forward to appropriate li	ne of Summary Page (last page only)		

(Use separate schedule(s) for each numbered line) PAGE 11/39 9

FOR LINE NUMBER:		
(check only one)		9
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1199 SERVICE EMPLOYEES IN	T'L UNION FEDERAL	. POLITICAL	ACTION FUND

	OF COMMITTEE SERVICE EMPL	'	I FEDERAL POLITICAL ACTION FUN	D
	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
Mail	ling Address 330	WEST 42ND STREE	ΞT	
City NE	W YORK	State NY	ZIP Code 10036	
С	Outstanding Baland	ce Beginning This Period		Transaction ID: SD10.6244
		56833.56		
	Amount Inco	urred This Period	Payment This Period	Outstanding Balance at Close of This Period
		0.00	0.00	56833.56
		First, Middle Initial) of Debt D HEALTHCARE WOI		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mail	ling Address 330	WEST 42ND STREE	ΞΤ	
City NE	, W YORK	State NY	ZIP Code 10036	
C	Outstanding Baland	ce Beginning This Period		Transaction ID: SD10.6245
		82522.06		
	Amount Inco	urred This Period	Payment This Period	Outstanding Balance at Close of This Period
		0.00	0.00	82522.06
		First, Middle Initial) of Debi D HEALTHCARE WOI		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mail	ling Address 330	WEST 42ND STREE	ET	
City NE'	W YORK	State NY	ZIP Code 10036	
С	Outstanding Baland	ce Beginning This Period		Transaction ID: SD10.6246
		78033.76		
	Amount Inco	urred This Period	Payment This Period	Outstanding Balance at Close of This Period
		0.00	0.00	78033.76
1) SUE	BTOTALS This F	Period This Page (optional)	▶ 217389.38
2) TO	TALS This Period	(last page this line number	er only)	>
3) TO	TAL OUTSTANDI	NG LOANS from Sche	dule C (last page only)	>

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

PAGE 12/39 FOR LINE NUMBER: 9 (check only one)

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NAME OF COMM 1199 SERVICE		EDERAL POLITICAL ACTION FUN	D
	(Last, First, Middle Initial) of Debtor JNITED HEALTHCARE WORK	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing Addres	s 330 WEST 42ND STREET		
City NEW YORK	State NY	ZIP Code 10036	
Outstanding	Balance Beginning This Period		Transaction ID: SD10.6247
	2812.96		
Amo	unt Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	2812.96
	(Last, First, Middle Initial) of Debtor JNITED HEALTHCARE WORK		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Addres	ss 330 WEST 42ND STREET		
City NEW YORK	State NY	ZIP Code 10036	
Outstanding	Balance Beginning This Period		Transaction ID: SD10.6248
	5095.64		
Amo	unt Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	5095.64
	(Last, First, Middle Initial) of Debtor JNITED HEALTHCARE WORK		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Addres	s 330 WEST 42ND STREET		
City NEW YORK	State NY	ZIP Code 10036	
Outstanding	Balance Beginning This Period		Transaction ID: SD10.6249
	12962.04		
Amo	unt Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	12962.04
1) SUBTOTALS	This Period This Page (optional)		▶ 20870.64
2) TOTALS This	Period (last page this line number o	only)	>
3) TOTAL OUTS	TANDING LOANS from Schedu	le C (last page only)	>
o, TOTAL COTO			

(Use separate schedule(s) for each numbered line) PAGE 13/39

FOR LINE NUMBER:		
(check only one)		9
	Χ	10

	COMMITTEE (In FI		FEDERAL POLITICAL ACTION FUNI)
		Middle Initial) of Debto ALTHCARE WOR	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
Mailing A	Address 330 WE	ST 42ND STREET	7	
City NEW Y	ORK	State NY	ZIP Code 10036	
Outsta	anding Balance Be	ginning This Period		Transaction ID: SD10.6284
		10997.70		
	Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period
		0.00	0.00	10997.70
		Middle Initial) of Debto		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing A	Address 330 WE	ST 42ND STREET	-	
City NEW Y	ORK	State NY	ZIP Code 10036	
Outsta	anding Balance Be	ginning This Period		Transaction ID: SD10.6285
		7231.75		
	Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period
		0.00	0.00	7231.75
l l	, , ,	Middle Initial) of Debto ALTHCARE WOR		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing A	Address 330 WE	ST 42ND STREET	-	
City NEW Y	ORK	State NY	ZIP Code 10036	
Outsta	anding Balance Be	ginning This Period		Transaction ID: SD10.6286
		3434.67		
	Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period
		0.00	0.00	3434.67
1) SUBTO	TALS This Period	I This Page (optional).		21664.12
2) TOTALS	S This Period (last	page this line number	only)	>
3) TOTAL	OUTSTANDING L	OANS from Sched	ule 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 numbered line)

PAGE 14/39 FOR LINE NUMBER: 9 (check only one)

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

	ME OF COMMITTEE (II 99 SERVICE EMPLO		EDERAL POLITICAL ACTION FUN	D
		st, Middle Initial) of Debtor HEALTHCARE WORK	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS	
	Mailing Address 330	WEST 42ND STREET		
	City NEW YORK	State NY	ZIP Code 10036	
	Outstanding Balance	Beginning This Period		Transaction ID: SD10.6287
		16789.92		
	Amount Incurr	red This Period	Payment This Period	Outstanding Balance at Close of This Period
		0.00	0.00	16789.92
		st, Middle Initial) of Debtor HEALTHCARE WORK		Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
	Mailing Address 330	WEST 42ND STREET		
	City NEW YORK	State NY	ZIP Code 10036	
	Outstanding Balance	Beginning This Period		Transaction ID: SD10.6288
		9286.03		
	Amount Inquir	and This Deviced	Downant This Davied	Outstanding Balance at Close of This Period
	Amount incum	ed This Period	Payment This Period	Catotariang Balarioc at Close of This Feriod
	Amount incur	0.00	0.00	9286.03
		 	0.00	_
_	C. Full Name (Last, Fir 4900 GROUP	0.00 st, Middle Initial) of Debtor N. BEAUREGARD ST	0.00 or Creditor	9286.03 Nature of Debt (Purpose):
-	C. Full Name (Last, Fir 4900 GROUP Mailing Address 2001	0.00 st, Middle Initial) of Debtor N. BEAUREGARD ST	0.00 or Creditor	9286.03 Nature of Debt (Purpose):
	C. Full Name (Last, Fir 4900 GROUP Mailing Address 2001 STE. City ALEXANDRIA	0.00 st, Middle Initial) of Debtor N. BEAUREGARD ST 420 State	or Creditor REET ZIP Code	9286.03 Nature of Debt (Purpose):
-	C. Full Name (Last, Fir 4900 GROUP Mailing Address 2001 STE. City ALEXANDRIA	0.00 st, Middle Initial) of Debtor N. BEAUREGARD ST 420 State VA	or Creditor REET ZIP Code	Nature of Debt (Purpose): POSTCARDS-PRODUCTION, SHI-PPING, POSTAGE
	C. Full Name (Last, Fir 4900 GROUP Mailing Address 2001 STE. City ALEXANDRIA Outstanding Balance	0.00 st, Middle Initial) of Debtor N. BEAUREGARD ST 420 State VA Beginning This Period	or Creditor REET ZIP Code	Nature of Debt (Purpose): POSTCARDS-PRODUCTION, SHI-PPING, POSTAGE
-	C. Full Name (Last, Fir 4900 GROUP Mailing Address 2001 STE. City ALEXANDRIA Outstanding Balance	0.00 st, Middle Initial) of Debtor N. BEAUREGARD ST 420 State VA Beginning This Period 44393.75	or Creditor TREET ZIP Code 22311	9286.03 Nature of Debt (Purpose): POSTCARDS-PRODUCTION, SHI-PPING, POSTAGE Transaction ID: SD10.6672
1)	C. Full Name (Last, Fir 4900 GROUP Mailing Address 2001 STE. City ALEXANDRIA Outstanding Balance Amount Incurr	0.00 st, Middle Initial) of Debtor N. BEAUREGARD ST 420 State VA Beginning This Period 44393.75 red This Period 0.00	or Creditor REET ZIP Code 22311 Payment This Period	Nature of Debt (Purpose): POSTCARDS-PRODUCTION, SHI-PPING, POSTAGE Transaction ID: SD10.6672 Outstanding Balance at Close of This Period
	C. Full Name (Last, Fir 4900 GROUP Mailing Address 2001 STE. City ALEXANDRIA Outstanding Balance Amount Incurr	0.00 St, Middle Initial) of Debtor N. BEAUREGARD ST 420 State VA Beginning This Period 44393.75 Ped This Period 0.00 riod This Page (optional)	or Creditor TREET ZIP Code 22311 Payment This Period 44393.75	Nature of Debt (Purpose): POSTCARDS-PRODUCTION, SHI-PPING, POSTAGE Transaction ID: SD10.6672 Outstanding Balance at Close of This Period 0.00
2)	C. Full Name (Last, Fir 4900 GROUP Mailing Address 2001 STE. City ALEXANDRIA Outstanding Balance Amount Incurr	0.00 St, Middle Initial) of Debtor N. BEAUREGARD ST 420 State VA Beginning This Period 44393.75 red This Period 0.00 riod This Page (optional) ast page this line number of	O.00 or Creditor REET ZIP Code 22311 Payment This Period 44393.75	POSTCARDS-PRODUCTION, SHI-PPING, POSTAGE Transaction ID: SD10.6672 Outstanding Balance at Close of This Period 0.00 26075.95

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

PAGE 15/39 FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION	FEDERAL POLITICAL ACTION FUNI)		
A. Full Name (Last, First, Middle Initial) of Debt 4900 GROUP	Nature of Debt (Purpose): BROCHURE MAILER-PRODUCTION, SHIP., POST			
Mailing Address 2001 N. BEAUREGARD STE. 420				
City State ALEXANDRIA VA	ZIP Code 22311			
Outstanding Balance Beginning This Period 44393.75		Transaction ID: SD10.6673		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
0.00	44393.75	0.00		
B. Full Name (Last, First, Middle Initial) of Debt AMERICAN EXPRESS	or or Creditor	Nature of Debt (Purpose): CATERING		
Mailing Address P.O. BOX 2855				
City State NEW YORK NY	ZIP Code 10116-2855			
Outstanding Balance Beginning This Period 240.00		Transaction ID: SD10.6289		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
0.00	0.00	240.00		
C. Full Name (Last, First, Middle Initial) of Debt AVIS RENT A CAR SYSTEM, INC.	or or Creditor	Nature of Debt (Purpose): TRAVEL EXPENSES		
Mailing Address 7876 COLLECTIONS CT	R DRIVE	_		
City State CHICAGO IL	ZIP Code 60693			
Outstanding Balance Beginning This Period		Transaction ID: SD10.6540		
1156.12 Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
0.00	0.00	1156.12		
SUBTOTALS This Period This Page (optional)		▶ 1396.12		
2) TOTALS This Period (last page this line number		>		
	• /			
3) TOTAL OUTSTANDING LOANS from Schee	dule C (last page only)	>		

(Use separate schedule(s) for each numbered line) PAGE 16/39

FOR LINE NUMBER:
(check only one)

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

	ME OF COMMITTEE (In Fu 19 SERVICE EMPLOYE	,	FEDERAL POLITICAL ACTION FUND)		
	A. Full Name (Last, First, N JENNY BAUER	fiddle Initial) of Debto	Nature of Debt (Purpose): REIMBURSEMENT FOR CATERING EXPENSES			
ľ	Mailing Address 2 WILCO	OTT PARK				
	City MEDFORD	State MA	ZIP Code 02155			
	Outstanding Balance Beg	inning This Period		Transaction ID: SD10.6541		
		43.65				
	Amount Incurred 7	his Period	Payment This Period	Outstanding Balance at Close of This Period		
		0.00	0.00	43.65		
	3. Full Name (Last, First, N LILLIAN CARINO	fiddle Initial) of Debto	or or Creditor	Nature of Debt (Purpose): REIMBURSEMENT FOR TRAVEL EXPENSES		
N	Mailing Address 327 SAI APT. 2N					
	City NEW YORK	State NY	ZIP Code 10027-3609			
	Outstanding Balance Beg	inning This Period		Transaction ID: SD10.6508		
		45.00				
	Amount Incurred 7	his Period	Payment This Period	Outstanding Balance at Close of This Period		
		0.00	0.00	45.00		
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ANTONELLA PECHTEL			Nature of Debt (Purpose): REIMBURSEMENT CATERING EX-PENSE		
ı	Mailing Address 401 ROS	SE AVE				
- 1	City SCHENECTADY	State NY	ZIP Code 12308			
	Outstanding Balance Beginning This Period			Transaction ID: SD10.6531		
		201.39				
	Amount Incurred	his Period	Payment This Period	Outstanding Balance at Close of This Period		
		0.00	0.00	201.39		
1) \$	SUBTOTALS This Period	This Page (optional)		290.04		
2)]	TOTALS This Period (last p	page this line number	r only)	>		
3) 7	TOTAL OUTSTANDING LO	DANS from Scheo	dule 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 numbered line) PAGE 17 / 39

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FOR LINE NUMBER: (check only one)		9
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	F COMMITTEE (In ERVICE EMPLOY	,	N FEDERAL POLITICAL ACTION FUNI)		
		t, Middle Initial) of Deb IONS CENTER INC	Nature of Debt (Purpose): PHONE BANKING			
Mailing	g Address 330 W	VEST 42ND STRE				
City NEW	YORK	State NY	ZIP Code 10036			
Out	tstanding Balance E	Beginning This Period		Transaction ID: SD10.6785		
		0.00				
	Amount Incurre		Payment This Period	Outstanding Balance at Close of This Period		
		1892.88	0.00	1892.88		
	ull Name (Last, First ON TRAVEL MAS	t, Middle Initial) of Deb STERCARD	otor or Creditor	Nature of Debt (Purpose): TRAVEL EXPENSE		
Mailing	g Address P.O. I	3OX 88000				
City BALT	IMORE	State MD	ZIP Code 21288			
Out	tstanding Balance E	Beginning This Period		Transaction ID: SD10.6297		
		1557.29				
	Amount Incurre	d This Period	Payment This Period	Outstanding Balance at Close of This Period		
		0.00	1557.29	0.00		
	ull Name (Last, First ON TRAVEL MAS	t, Middle Initial) of Deb STERCARD	otor or Creditor	Nature of Debt (Purpose): TRAVEL EXPENSES		
Mailing	g Address P.O. I	BOX 88000				
City BALT	IMORE	State MD	ZIP Code 21288			
Out	tstanding Balance E	Beginning This Period		Transaction ID: SD10.6298		
		2277.98				
	Amount Incurre	d This Period	Payment This Period	Outstanding Balance at Close of This Period		
		0.00	2277.98	0.00		
1) SUBT	OTALS This Peri	od This Page (optiona	J)	1892.88		
2) TOTA	LS This Period (la	st page this line numb	er only)	>		
3) ТОТА	L OUTSTANDING	LOANS from Sche	edule C (last page only)	>		
4) ADD 2	2) and 3) and carr	y forward to appropria	te line of Summary Page (last page only)	>		

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

PAGE 18 / 39 FOR LINE NUMBER: (check only one) 9

Exc	lud	ing	Loa	ns

Excluding Loans	r	umbered line)	X 10			
NAME OF COMMITTEE (In Full)						
1199 SERVICE EMPLOYEES INT'L UNION F	EDERAL POLITICAL ACTION FU	ND				
A. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARD	Nature of Debt (Purpos					
Mailing Address P.O. BOX 88000						
City State BALTIMORE MD	ZIP Code 21288					
Outstanding Balance Beginning This Period		Transaction II	D : SD10.6300			
524.82						
Amount Incurred This Period	Payment This Period	Outstanding Balance	at Close of This Period			
0.00	524.82		0.00			
B. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARD	or Creditor	Nature of Debt (Purpos CATERING EXPEN				
Mailing Address P.O. BOX 88000						
City State BALTIMORE MD	ZIP Code 21288					
Outstanding Balance Beginning This Period		Transaction II	D : SD10.6301			
1674.86						
Amount Incurred This Period	Payment This Period	Outstanding Balance	at Close of This Period			
0.00	1674.86		0.00			
C. Full Name (Last, First, Middle Initial) of Debtor UNION TRAVEL MASTERCARD	or Creditor	Nature of Debt (Purpos CATERING	se):			
Mailing Address P.O. BOX 88000						
City State BALTIMORE MD	ZIP Code 21288					
Outstanding Balance Beginning This Period		Transaction II	D : SD10.6302			
6925.90						
Amount Incurred This Period	Payment This Period	Outstanding Balance	at Close of This Period			
0.00	6925.90		0.00			
1) SUBTOTALS This Period This Page (optional)		•	0.00			
2) TOTALS This Period (last page this line number of	only)	>				
3) TOTAL OUTSTANDING LOANS from Schedul	le C (last page only)	>				
A) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)						

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

PAGE 19/39 FOR LINE NUMBER: (check only one)

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Excluding Loans

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	ME OF COMMITTEE (I 19 SERVICE EMPLO	DYEES INT'L UNION F	EDERAL POLITICAL ACTION FUN	ID
	A. Full Name (Last, Fir JNION TRAVEL MA	rst, Middle Initial) of Debtor ASTERCARD	Nature of Debt (Purpose): TRANSPORTATION COSTS	
Ī	Mailing Address P.O.	BOX 88000		
	City BALTIMORE	State MD	ZIP Code 21288	
	Outstanding Balance	Beginning This Period		Transaction ID: SD10.6515
		539.45		
	Amount Incur	red This Period	Payment This Period	Outstanding Balance at Close of This Period
		0.00	539.45	0.00
	3. Full Name (Last, Fir JNION TRAVEL MA	rst, Middle Initial) of Debtor ASTERCARD	or Creditor	Nature of Debt (Purpose): TRANSPORTATION COSTS
Ī	Mailing Address P.O.	BOX 88000		
	City BALTIMORE	State MD	ZIP Code 21288	
	Outstanding Balance	Beginning This Period		Transaction ID: SD10.6516
		798.20		
- 1				
	Amount Incur	red This Period	Payment This Period	Outstanding Balance at Close of This Period
	Amount Incur	red This Period 0.00	Payment This Period 798.20	Outstanding Balance at Close of This Period 0.00
		0.00	798.20	
U	C. Full Name (Last, Fir	0.00 rst, Middle Initial) of Debtor	798.20	0.00 Nature of Debt (Purpose):
1	C. Full Name (Last, Fir JNION TRAVEL MA	0.00 rst, Middle Initial) of Debtor	798.20	0.00 Nature of Debt (Purpose):
1	C. Full Name (Last, Fir JNION TRAVEL MA Mailing Address P.O. City BALTIMORE	0.00 rst, Middle Initial) of Debtor ASTERCARD BOX 88000 State	798.20 or Creditor ZIP Code	0.00 Nature of Debt (Purpose):
1	C. Full Name (Last, Fir JNION TRAVEL MA Mailing Address P.O. City BALTIMORE	0.00 rst, Middle Initial) of Debtor ASTERCARD BOX 88000 State MD	798.20 or Creditor ZIP Code	Nature of Debt (Purpose): CATERING EXPENSES
1	C. Full Name (Last, Fir JNION TRAVEL MA Mailing Address P.O. City BALTIMORE Outstanding Balance	0.00 rst, Middle Initial) of Debtor ASTERCARD BOX 88000 State MD Beginning This Period	798.20 or Creditor ZIP Code	Nature of Debt (Purpose): CATERING EXPENSES
1	C. Full Name (Last, Fir JNION TRAVEL MA Mailing Address P.O. City BALTIMORE Outstanding Balance	0.00 rst, Middle Initial) of Debtor ASTERCARD BOX 88000 State MD Beginning This Period 3637.84	798.20 or Creditor ZIP Code 21288	Nature of Debt (Purpose): CATERING EXPENSES Transaction ID: SD10.6517
1	C. Full Name (Last, Fir JNION TRAVEL MA Mailing Address P.O. City BALTIMORE Outstanding Balance Amount Incur	0.00 rst, Middle Initial) of Debtor ASTERCARD BOX 88000 State MD Beginning This Period 3637.84 red This Period 0.00	798.20 or Creditor ZIP Code 21288 Payment This Period	Nature of Debt (Purpose): CATERING EXPENSES Transaction ID: SD10.6517 Outstanding Balance at Close of This Period
1) :	C. Full Name (Last, Fin JNION TRAVEL MA Mailing Address P.O. City BALTIMORE Outstanding Balance Amount Incur	o.00 rst, Middle Initial) of Debtor ASTERCARD BOX 88000 State MD Beginning This Period 3637.84 red This Period 0.00 eriod This Page (optional)	798.20 or Creditor ZIP Code 21288 Payment This Period 1740.37	Nature of Debt (Purpose): CATERING EXPENSES Transaction ID: SD10.6517 Outstanding Balance at Close of This Period 1897.47
1) :	C. Full Name (Last, Fin JNION TRAVEL MA Mailing Address P.O. City BALTIMORE Outstanding Balance Amount Incur	o.00 rst, Middle Initial) of Debtor ASTERCARD BOX 88000 State MD Beginning This Period 3637.84 red This Period 0.00 eriod This Page (optional)	798.20 or Creditor ZIP Code 21288 Payment This Period 1740.37	O.00 Nature of Debt (Purpose): CATERING EXPENSES Transaction ID: SD10.6517 Outstanding Balance at Close of This Period 1897.47

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

PAGE 20 / 39 FOR LINE NUMBER: (check only one) 9 X 10

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

NAME OF COMMITTEE (1199 SERVICE EMPLO		FEDERAL POLITICAL ACTION FUNI)
A. Full Name (Last, Fi UNION TRAVEL MA	rst, Middle Initial) of Debt ASTERCARD	Nature of Debt (Purpose): CATERING EXPENSES	
Mailing Address P.O	. BOX 88000		
City BALTIMORE	State MD		
Outstanding Balance	Beginning This Period		Transaction ID: SD10.6518
	1849.15		
Amount Incur	red This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	1849.15
B. Full Name (Last, Fi UNION TRAVEL MA	rst, Middle Initial) of Debt ASTERCARD	or or Creditor	Nature of Debt (Purpose): BEVERAGE EXPENSES
Mailing Address P.O	. BOX 88000		
City BALTIMORE	State MD	ZIP Code 21288	
Outstanding Balance	Beginning This Period		Transaction ID: SD10.6519
	835.02		
Amount Incur	red This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	835.02
C. Full Name (Last, Fi UNION TRAVEL MA	rst, Middle Initial) of Debt ASTERCARD	or or Creditor	Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O	. BOX 88000		
City BALTIMORE	State MD	ZIP Code 21288	
Outstanding Balance	Outstanding Balance Beginning This Period		Transaction ID: SD10.6520
	435.95		
Amount Incur	red This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	435.95
1) SUBTOTALS This Pe	eriod This Page (optional))	3120.12
2) TOTALS This Period (last page this line numbe	er only)	•
3) TOTAL OUTSTANDIN	G LOANS from Schee	dule C (last page only)	>
4) ADD 2) and 3) and ca	arry forward to appropriate	e line of Summary Page (last page only)	>

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

PAGE 21 / 39 FOR LINE NUMBER: (check only one) 9 X 10

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

	ME OF COMMITTEE (In Fu 99 SERVICE EMPLOYE	,	N FEDERAL POLITICAL ACTION FUND)	
	A. Full Name (Last, First, MUNION TRAVEL MAST		Nature of Debt (Purpose): TRAVEL EXPENSES		
	Mailing Address P.O. BC	00088 XC			
	City State ZIP Code BALTIMORE MD 21288				
	Outstanding Balance Beg	ginning This Period		Transaction ID: SD10.6521	
		1056.95			
	Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	1056.95	
	B. Full Name (Last, First, MUNION TRAVEL MAST		btor or Creditor	Nature of Debt (Purpose): CATERING EXPENSES	
	Mailing Address P.O. BC	00088 X			
	City BALTIMORE	State MD	ZIP Code 21288		
	Outstanding Balance Beg	ginning This Period		Transaction ID: SD10.6522	
		2372.04			
	Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period	
		0.00	0.00	2372.04	
	C. Full Name (Last, First, MUNION TRAVEL MAST		btor or Creditor	Nature of Debt (Purpose): TRAVEL EXPENSES	
	Mailing Address P.O. BC	0X 88000			
	City BALTIMORE	State MD	ZIP Code 21288		
	Outstanding Balance Beg	ginning 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	
1)) SUBTOTALS This Period This Page (optional).				
2)	TOTALS This Period (last	page this line numb	per only)		
3)	TOTAL OUTSTANDING LO	OANS from Sch	nedule C (last page only)		
4)	A) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

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

PAGE 22 / 39 FOR LINE NUMBER: 9 (check only one)

Excluding Loans

	1199 SERVICE EMPL	OYFFS INT'I	UNION FEDERAL	POI ITICAL	ACTION FUND
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XC	luding Loans			X 10
	ME OF COMMITTEE (In Fu 99 SERVICE EMPLOYE		EDERAL POLITICAL ACTION FUN	ID
	A. Full Name (Last, First, MUNION TRAVEL MASTE		Nature of Debt (Purpose): TRAVEL EXPENSES	
-	Mailing Address P.O. BO	X 88000		
	City BALTIMORE	State MD	ZIP Code 21288	
	Outstanding Balance Beg	inning This Period		Transaction ID: SD10.6535
		262.40		
	Amount Incurred 1	This Period	Payment This Period	Outstanding Balance at Close of This Period
		0.00	0.00	262.40
	B. Full Name (Last, First, MUNION TRAVEL MASTE		or Creditor	Nature of Debt (Purpose): CATERING EXPENSES
	Mailing Address P.O. BO	00088 X		
	City BALTIMORE	State MD	ZIP Code 21288	
ľ	Outstanding Balance Beg	inning This Period		Transaction ID: SD10.6536
	January Samura Sa	477.00		Transaction is. OB 10.0000
	Amount Incurred 7		Payment This Period	Outstanding Balance at Close of This Period
		0.00	0.00	477.00
	C. Full Name (Last, First, MUNION TRAVEL MASTE		or Creditor	Nature of Debt (Purpose): TRAVEL EXPENSES
ŀ	Mailing Address P.O. BO	X 88000		
	City BALTIMORE	State MD	ZIP Code 21288	
Ī	Outstanding Balance Beg	inning This Period		Transaction ID: SD10.6537
		524.80		
	Amount Incurred 1	This Period	Payment This Period	Outstanding Balance at Close of This Period
		0.00	0.00	524.80
	SUBTOTALS This Period	This Page (optional)		1264.20
2)	TOTALS This Period (last p	page this line number o	nly)	
- 3)	TOTAL OUTSTANDING LO	DANS from Schedul	e C (last page only)	•
_			ne of Summary Page (last page only)	
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(Use separate schedule(s) for each numbered line)

PAGE 23 / 39 FOR LINE NUMBER: 9 (check only one) X 10

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES	INT'L UNION FE	EDERAL POLITICAL ACTION FUND)	
A. Full Name (Last, First, Middl UNION TRAVEL MASTERO	Nature of Debt (Purpose): CATERING EXPENSES			
Mailing Address P.O. BOX 8	8000			
1 2	tate ID	ZIP Code 21288		
Outstanding Balance Beginning	ng This Period		Transaction ID: SD10.6538	
11	15.00			
Amount Incurred This	Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	1115.00	
B. Full Name (Last, First, Middl UNION TRAVEL MASTERO		or Creditor	Nature of Debt (Purpose): TRAVEL EXPENSES	
Mailing Address P.O. BOX 8	8000			
1 ,	tate ID	ZIP Code 21288		
Outstanding Balance Beginning	ng This Period		Transaction ID: SD10.6539	
4	19.84			
Amount Incurred This	Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	419.84	
C. Full Name (Last, First, Middl UNION TRAVEL MASTERO		or Creditor	Nature of Debt (Purpose): TRANSPORTATION COSTS	
Mailing Address P.O. BOX 8	8000			
'	tate ID	ZIP Code 21288		
Outstanding Balance Beginning	ng This Period		Transaction ID: SD10.6545	
5.	39.45			
Amount Incurred This	Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	0.00	539.45	
1) SUBTOTALS This Period This	s Page (optional)		2074.29	
2) TOTALS This Period (last page	this line number on	lly)		
3) TOTAL OUTSTANDING LOAN	S from Schedule	C (last page only)		
A) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

(Use separate schedule(s) for each numbered line) PAGE 24 / 39

FOR LINE NUMBER:		
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Excluding Loans NA

NAME OF COMMITTEE (In Full)					
1199 SERVICE EMPLOYEE	S INT'L UNION F	EDERAL POLITICAL ACTION FUND)		
A. Full Name (Last, First, Mid UNION TRAVEL MASTER		Nature of Debt (Purpose): CATERING EXPENSES			
Mailing Address P.O. BOX	(88000				
City BALTIMORE	State MD	ZIP Code 21288			
Outstanding Balance Begin	ning This Period		Transaction ID: SD10.6546		
2	2552.60				
Amount Incurred Th	is Period	Payment This Period	Outstanding Balance at Close of This Period		
	0.00	0.00	2552.60		
B. Full Name (Last, First, Mic UNION TRAVEL MASTER		or Creditor	Nature of Debt (Purpose): CATERING EXPENSES		
Mailing Address P.O. BOX	(88000				
City BALTIMORE	State MD	ZIP Code 21288			
Outstanding Balance Begin	ning This Period		Transaction ID: SD10.6548		
3	3224.16				
Amount Incurred Th	is Period	Payment This Period	Outstanding Balance at Close of This Period		
	0.00	0.00	3224.16		
C. Full Name (Last, First, Mid US POSTMASTER	ddle Initial) of Debtor	or Creditor	Nature of Debt (Purpose): POSTAGE FOR MEMBERSHIP MA-ILING		
Mailing Address 421 8TH	AVENUE, JAF WI	NDOW #76			
City NEW YORK	State NY	ZIP Code 10199			
Outstanding Balance Begin	ning This Period		Transaction ID: SD10.6784		
	0.00				
Amount Incurred Th	is Period	Payment This Period	Outstanding Balance at Close of This Period		
	913.00	0.00	913.00		
1) SUBTOTALS This Period T	his Page (optional)		6689.76		
2) TOTALS This Period (last pa	ige this line number c	only)	399804.54		
3) TOTAL OUTSTANDING LOA	ANS from Schedu	le C (last page only)	0.00		
4) ADD 2) and 3) and carry for	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

TEMIZED INDEPENDENT EXPENDITURES	PAGE 25 / 39
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	C C00348540
Check if 24-hour notice 48-hour notice	<u> </u>
Full Name (Last, First, Middle, Initial) of Payee	Date
1199 SEIU UNITED HEALTHCARE WORKERS EAST	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	Amount
330 WEST 42ND STREET	34726.09
City State Zip Code	Transaction ID: SE.6787
	Office Sought: House State: WI
Purpose of Expenditure REIMBURSE STAFF SALA- RIES & BENEFITS Category/ Type	Senate District: X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
	Other (specify) :
Calendar Year-To-Date Per Election 195291.55	2008
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
1199 SEIU UNITED HEALTHCARE WORKERS EAST	$\begin{bmatrix} M & M \\ O & 3 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 2 & 3 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
Mailing Address	Amount
330 WEST 42ND STREET	8493.33
	Transaction ID: SE.6788
City State Zip Code NEW YORK NY 10036	Office Sought: House State: NH
NEW YORK NY 10036 Purpose of Expenditure	Senate District:
REIMBURSE STAFF SALA- RIES & BENEFITS Category/ Type	X Presidential
	Check One: X Support Oppose
BARACK OBAMA	ы Па. Ша
	Disbursement For: Primary X General
Calendar Year-To-Date Per Election 13778.41	Other (specify) : 2008
for Office Sought	2000
(a) SUBTOTAL of Itemized Independent Expenditures	43219.42
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in corn at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	
M*M	D D Y Y Y Y
KEVIN FINNEGAN Date 0.4	30 2009
Signature	

TEMIZED INDEPENDENT EXPENDITURES	PAGE 26 / 39 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
AL ACTION FUND	FEC IDENTIFICATION NUMBER ▼ C C00348540
Check if 24-hour notice 48-hour notice	C coccion
Full Name (Last, First, Middle, Initial) of Payee	Date
1199 SEIU UNITED HEALTHCARE WORKERS EAST	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	Amount
330 WEST 42ND STREET	1465.11
City State Zip Code	Transaction ID: SE.6789
NEW YORK NY 10036	Office Sought: House State: NV
Purpose of Expenditure REIMBURSE STAFF SALA- RIES & BENEFITS Category/ Type	Senate District: X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General Other (specify) :
Calendar Year-To-Date Per Election 1465.11	2008
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
4900 GROUP	$\begin{bmatrix} M & M \\ O & 3 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 1 & 6 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
Mailing Address	Amount
2001 N. BEAUREGARD STREET STE. 420	40563.29
City State Zip Code	Transaction ID: SE.6749
ALEXANDRIA VA 22311	Office Sought: X House State: NY
Purpose of Expenditure PROMOTIONAL LITERATU- RE Category/ Type	Senate District: 20 Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
SCOTT MURPHY	Disbursement For: Primary General
Calcadas Vaas Ta Data Das Floation	Other (specify) : Special-General
Calendar Year-To-Date Per Election 129350.79 for Office Sought	[MEMO ITEM]
(a) SUBTOTAL of Itemized Independent Expenditures	1465.11
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the r committee) any political party committee or its agent.	
M M	D D Y Y Y Y
KEVIN FINNEGAN Date 0.4	30 2009
Signature	

TEMIZED INDEPENDENT EXPE	NDITURE	ES			PAGE 27/39
NAME OF COMMITTEE (In Full)					FOR LINE 24 OF FORM 3X
1199 SERVICE EMPLOYEES INT'L UNION FEDE AL ACTION FUND	ERAL POLITIC	:-		C	C00348540
Check if 24-hour notice 48-hour	notice				300010010
Full Name (Last, First, Middle, Initial) of Payee	110000		Date		
4900 GROUP			M M 0 3	/ D D	2009
Mailing Address 2001 N. BEAUREGARD STREET STE. 420			Amount		35529.99
City	State	Zip Code	Transac	tion ID:	SE.6750
ALEXANDRIA	VA	22311	Office Sou	ght: X	House State: NY
Purpose of Expenditure PROMOTIONAL LITERATU- RE		Category/ Type		Н	Senate District: 20 Presidential
Name of Federal Candidate supported or Oppos	sed by expendi	ture:	Check On	e: X	Support Oppose
SCOTT MURPHY			Disbursem	ent For:	Primary General
				ther (spec	cify) : Special-General
Calendar Year-To-Date Per Election for Office Sought		164880.78	2009		EMO ITEM]
Full Name (Last, First, Middle, Initial) of Payee			Date		_
4900 GROUP			M ₀ M ₃	/ D D	2009
Mailing Address			Amount		
2001 N. BEAUREGARD STREET STE. 420			Transac	tion ID:	40563.29 SE 6748
City ALEXANDRIA	State VA	Zip Code 22311	Office Sou]	House State: NY
Purpose of Expenditure	VA	22311			Senate District: 20
PROMOTIONAL LITERATU- RE		Category/ Type			Presidential
Name of Federal Candidate supported or Oppos	sed by expendi	ture:	Check On	e: X	Support Oppose
SCOTT MURPHY			Disbursem	ent For:	Primary General
				ther (spec	cify) : Special-General
Calendar Year-To-Date Per Election for Office Sought		356357.07	2009	` '	EMO ITEM]
(a) SUBTOTAL of Itemized Independent Expenditu	ures				0.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures				
(c) TOTAL Independent Expenditures				-	
Under penalty of perjury I certify that the independent e or at the request or suggestion of, any candidate or auth committee) any political party committee or its agent.					
KEVIN FINNEGAN		Date 0	M D D D 4 3 0	Y · Y · 2 0 0 9	Y Y
Signature Signature			7 30	2009	
-					

TEMIZED INDEPENDENT EXPENDITURES	PAGE 28/39
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC-	FEC IDENTIFICATION NUMBER
AL ACTION FUND Check if 24-hour notice 48-hour notice	C C00348540
	Date
Full Name (Last, First, Middle, Initial) of Payee	
4900 GROUP	0 3 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	Amount
2001 N. BEAUREGARD STREET STE. 420	40563.29
	Transaction ID: SE.6746
City State Zip Code ALEXANDRIA VA 22311	Office Sought: X House State: NY
	Senate District: 20
Purpose of Expenditure PROMOTIONAL LITERATURE Category/	Presidential
PROMOTIONAL LITERATU-	
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
SCOTT MURPHY	Disbursement For: Primary General
Calendar Year-To-Date Per Election 396920.36	Other (specify): Special-General
for Office Sought	[MEMO ITEM]
Full Nieuro (Lock First Middle Initial) of Davis	Dete
Full Name (Last, First, Middle, Initial) of Payee	Date M M / D D / Y Y Y Y
4900 GROUP	$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 7 \end{bmatrix} / \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
Mailing Address	Amount
2001 N. BEAUREGARD STREET	40563.29
STE. 420	Transaction ID: SE.6733
City State Zip Code	Office Sought: X House State: NY_
ALEXANDRIA VA 22311	Senate District: 20
Purpose of Expenditure Category/	Presidential
PROMOTIONAL LITERATU-	
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
SCOTT MURPHY	Disbursement For: Primary General
-	.,
Calendar Year-To-Date Per Election 512483.65	Other (specify) : <u>Special</u> -General 2009
for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	40563.29
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in	cooperation concultation or concert with
or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the	
committee) any political party committee or its agent.	
M · M	D D Y Y Y Y
KEVIN FINNEGAN Date 0 4	30 2009
Signature	

TEMIZED INDEPENDENT EXPENDITURES	PAGE 29 / 39 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
AL ACTION FUND	FEC IDENTIFICATION NUMBER C C00348540
Check if 24-hour notice 48-hour notice	G 3000 100 10
Full Name (Last, First, Middle, Initial) of Payee	Date
4900 GROUP	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2001 N. BEAUREGARD STREET STE. 420	Amount 40563.29
City State Zip C	Transaction ID: SE.6756
ALEXANDRIA VA 2231	1 Office Sought: X House State: NY
Purpose of Expenditure PROMOTIONAL LITERATU- RE Category/ Type	Senate District: 20 Presidential
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY	Check One: X Support Oppose
SCOTT MONFRY	Disbursement For: Primary General
Calendar Year-To-Date Per Election 553046 for Office Sought	Other (specify): Special-General 2009
Full Name (Last, First, Middle, Initial) of Payee	Date
4900 GROUP	$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 7 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
Mailing Address 2001 N. BEAUREGARD STREET STE. 420	Amount 33529.99
City State Zip C	Transaction ID: SE.6757
ALEXANDRIA VA 2231	000 0 11 11 01 11
Purpose of Expenditure	Senate District: 20
PROMOTIONAL LITERATU- RE Category/ Type	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
SCOTT MURPHY	Disbursement For: Primary General
	Other (specify): Special-General
Calendar Year-To-Date Per Election 586576 for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	74093.28
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein wor at the request or suggestion of, any candidate or authorized committee or agent of committee) any political party committee or its agent.	
	vate 0 4 3 0 2 0 0 9
Signature	

TEMIZED INDEPENDENT EXPENDITURES	PAGE 30 / 39 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	C C00348540
Check if 24-hour notice 48-hour notice	C 000040040
Full Name (Last, First, Middle, Initial) of Payee	Date
4900 GROUP	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2001 N. BEAUREGARD STREET STE. 420	Amount 40563.29
City State Zip Code	Transaction ID: SE.6759
ALEXANDRIA VA 22311	Office Sought: X House State: NY
Purpose of Expenditure PROMOTIONAL LITERATU- RE Category/ Type	Senate District: 20 Presidential
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY	Check One: X Support Oppose
	Disbursement For: Primary General
Calendar Year-To-Date Per Election	Other (specify) : Special-General
for Office Sought	2009
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
4900 GROUP	$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 2 & 7 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
Mailing Address	Amount
2001 N. BEAUREGARD STREET	44393.75
STE. 420	Transaction ID: SE.6761
City State Zip Code	Office Sought: X House State: NY
ALEXANDRIA VA 22311	Senate District: 20
Purpose of Expenditure POSTCARDS-PRODUCTION, SHIPPING, POSTAGE Category/ Type	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
SCOTT MURPHY	ви и Па
	Disbursement For: Primary General
Calendar Year-To-Date Per Election 896533.97	Other (specify) : <u>Special</u> -General 2009
for Office Sought	2000
(a) SUBTOTAL of Itemized Independent Expenditures	84957.04
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	
M * M	D D V V V V V
KEVIN FINNEGAN Date 0.4	30 2009
Signature	

TEMIZED INDEPENDENT EXPENDITURES	PAGE 31/39
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	FEC IDENTIFICATION NUMBER ▼ C C00348540
Check if 24-hour notice 48-hour notice	C 300040040
Full Name (Last, First, Middle, Initial) of Payee	Date
4900 GROUP	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	Amount
2001 N. BEAUREGARD STREET STE. 420	44393.75
City State Zip Code	Transaction ID: SE.6762
ALEXANDRIA VA 22311	Office Sought: X House State: NY
Purpose of Expenditure BROCHURE MAILER-PRO- DUCTION, SHIP., POST Category/ Type	Senate District: 20 Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
SCOTT MURPHY	Disbursement For: Primary General
	Other (specify) : Special-General
Calendar Year-To-Date Per Election 940927.72	2009
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
KNICKERBOCKER SKD	$\begin{bmatrix} M & M \\ 0.3 \end{bmatrix}$ $\begin{bmatrix} D & D \\ 2.5 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y \\ 2.0 & 0.9 \end{bmatrix}$
Mailing Address	Amount
594 BROADWAY, SUITE 610	
	75000.00
City State Zip Code	Transaction ID: SE.6747
NEW YORK NY 10012	Office Sought: X House State: NY
Purpose of Expenditure TX CPLIX	Senate District: 20 Presidential
TV BUY	
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
SCOTT MURPHY	Disbursement For: Primary General
	Other (specify) : Special-General
Calendar Year-To-Date Per Election 471920.36	2009
for Office Sought	[MEMO ITEM]
(a) SUBTOTAL of Itemized Independent Expenditures	44393.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in content or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	
M·M	D ° D Y ° Y ° Y ° Y
KEVIN FINNEGAN Date 0.4	30 2009
Signature	

TEMIZED INDEPENDENT EXPENDITURES		PAGE 32/39
NAME OF COMMITTEE (In Fully		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC-	FEC IDI	ENTIFICATION NUMBER 🔻
AL ACTION FUND		C00348540
Check if 24-hour notice 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee	Date M M / D D	/ V V V V
KNICKERBOCKER SKD	$\begin{bmatrix} M & M & / & D & D \\ 0 & 3 & & 2 & 7 \end{bmatrix}$	2009
Mailing Address	Amount	
594 BROADWAY, SUITE 610		75000.00
City State Zip Code	Transaction ID: S	E.6760
NEW YORK NY 10012	Office Sought: X	House State: NY
Purpose of Expenditure		Senate District: 20
TV BUY Category/ Type	Ш,	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One:	Support Oppose
SCOTT MURPHY	Diah.waanant Fau	Drimani. Canada
-	Disbursement For:	Primary General
Calendar Year-To-Date Per Election 852140.22	2009	ry) : <u>Special</u> -General
for Office Sought		
Full Name (Last, First, Middle, Initial) of Payee	Date	
NOVAK MEDIA INC.	0.3 / D D D 16	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	Amount	2009
159 WEST MAIN STREET	Amount	450000.00
		150000.00
City State Zip Code	Transaction ID: S	
WEBSTER NY 14580	ŭ <u></u>	House State: NY Senate District: 20
Purpose of Expenditure Category/		Presidential
RADIO BUY, AD PRODUC-		_
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X	Support Oppose
SCOTT MURPHY	Disbursement For:	Primary General
		Y ₀₎ : Special-General
Calendar Year-To-Date Per Election 314880.78	2009	MO ITEM]
for Office Sought	[IVI E	WO II EWJ
(a) CURTOTAL of Itemized Independent Eveneditures		75000.00
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		
(a) 303 10 1112 of 011101111200 11100p0110011 =2.portalitation		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in	cooperation, consultation	, or concert with,
or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the r committee) any political party committee or its agent.	eporting entity is not a po	olitical party
occurrences, any position party committee or to agont.		
KEVIN FINNEGAN Date 0 4	30 2009	Υ
Signature		

TEMIZED INDEPENDENT EXF	PENDITURE	S		PAGE 33 / 39 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				1
1199 SERVICE EMPLOYEES INT'L UNION FE AL ACTION FUND	EDERAL POLITIC	-		C C00348540
Check if 24-hour notice 48-hour	our notice			O
Full Name (Last, First, Middle, Initial) of Paye			Date	
NOVAK MEDIA INC.			M M /	D D / Y Y Y Y Y Y Y 2009
Mailing Address 159 WEST MAIN STREET			Amount	150000.00
				150000.00
City WEBSTER	State NY	Zip Code 14580	Office Sough	on ID: SE.6758 ht: X House State: NY
Purpose of Expenditure RADIO BUY, AD PRODUC- TION		Category/ Type		Senate District: 20 Presidential
Name of Federal Candidate supported or Op	posed by expendit	ure:	Check One:	X Support Oppose
COOTT MOTH III			Disbursemen	nt For: Primary General
Calendar Year-To-Date Per Election for Office Sought		736576.93	Oth 2009	er (specify) : <u>Special</u> -General
Full Name (Last, First, Middle, Initial) of Paye	ee		Date	
SEIU COMMUNICATIONS CENTER INC.			M M /	31 / 2009
Mailing Address 330 WEST 42ND STREET			Amount	1892.88
City	State	Zip Code		on ID: SE.6744
NEW YORK	NY	10036	Office Sough	nt: X House State: NY Senate District: 20
Purpose of Expenditure PHONE BANKING		Category/ Type		Presidential
Name of Federal Candidate supported or Op	posed by expendit	ure:	Check One:	χ Support Oppose
SCOTT MURPHY	poods by experient			
			Disbursemen	
Calendar Year-To-Date Per Election		0.40000.00		er (specify) : <u>Special</u> -General
for Office Sought		942820.60	2009	[MEMO ITEM]
(a) SUBTOTAL of Itemized Independent Exper	nditures			150000.00
(I) OUDTOTAL (III)				
(b) SUBTOTAL of Unitemized Independent Exp	oenaitures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independer or at the request or suggestion of, any candidate or committee) any political party committee or its agent	authorized committe			
		M. M	D D	YYYY
KEVIN FINNEGAN		Date 0 4	30	2009
Signature				

TEMIZED INDEPENDENT EXPENDITURES	PAGE 34/39
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC-	FEC IDENTIFICATION NUMBER
AL ACTION FUND	C C00348540
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD	Date M M / D D / Y Y Y Y
	03 23 2009
Mailing Address P.O. BOX 88000	Amount
	1557.29
City State Zip Code	Transaction ID: SE.6764
BALTIMORE MD 21288	Office Sought: House State: PA
Purpose of Expenditure TRAVEL EXPENSES Category/ Type	Senate District: X Presidential
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA	Check One: X Support Oppose
BARACK OBAINA	Disbursement For: Primary X General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	2008
Full Name (Last, First, Middle, Initial) of Payee	Date M M / D D / Y Y Y Y
UNION TRAVEL MASTERCARD	$\begin{bmatrix} M & M \\ O & 3 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 2 & 3 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
Mailing Address P.O. BOX 88000	Amount
P.O. BOX 66000	2277.98
City State Zip Code	Transaction ID: SE.6765
BALTIMORE MD 21288	Office Sought: House State: VA
Purpose of Expenditure Category/	Senate District:
TRAVEL EXPENSES	X 1 residential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	Disbursement For: Primary X General
	Other (specify):
Calendar Year-To-Date Per Election 4226.94	2008
for Office Sought	
(c) CURTOTAL of the circuit added a control Europetic con-	3835.27
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	
KEVIN FINNEGAN Date 0 4	30 2009
Signature	

TEMIZED INDEPENDENT EXP	PENDITURES	PAGE 35 / 39 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FE AL ACTION FUND	EDERAL POLITIC-	C C00348540
Check if 24-hour notice 48-ho	our notice	<u> </u>
Full Name (Last, First, Middle, Initial) of Paye	е	Date
UNION TRAVEL MASTERCARD		$\begin{bmatrix} M & M & M \\ O & 3 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 2 & 3 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
Mailing Address		Amount
P.O. BOX 88000		524.82
City	State Zip Code	Transaction ID: SE.6766
BALTIMORE	MD 21288	Office Sought: House State: NH
Purpose of Expenditure TRAVEL EXPENSES	Category/ Type	Senate District: X Presidential
Name of Federal Candidate supported or Op	posed by expenditure:	Check One: X Support Oppose
BARACK OBAMA		Disbursement For: Primary X General
Oplander Veer To Date Day Floation		Other (specify) :
Calendar Year-To-Date Per Election for Office Sought	532.20	2008
Tor Office Sought		
Full Name (Last, First, Middle, Initial) of Payer	ee	Date
UNION TRAVEL MASTERCARD		$\begin{bmatrix} M & M & J & D & D & J & Y & Y & Y & Y \\ 0 & 3 & & 2 & 3 & & & 2 & 0 & 0 & 9 \end{bmatrix}$
Mailing Address		Amount
P.O. BOX 88000		1674.86
		Transaction ID: SE.6768
City BALTIMORE	State Zip Code MD 21288	Office Sought: House State: NH
Purpose of Expenditure	IVID 21200	Senate District:
CATERING EXPENSES	Category/ Type	X Presidential
Name of Federal Candidate supported or Op	posed by expenditure:	Check One: X Support Oppose
BARACK OBAMA		Disbursement For: Primary X General
Calendar Year-To-Date Per Election	2207.06	Other (specify) :
for Office Sought		
(a) SUBTOTAL of Itemized Independent Expen	ditures	2199.68
(b) SUBTOTAL of Unitemized Independent Exp	penditures	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independer or at the request or suggestion of, any candidate or a committee) any political party committee or its agent	authorized committee or agent of either, or (if th	
	M M	D D Y Y Y Y
KEVIN FINNEGAN	Date 04	30 2009
Signature		

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 36/39
NAME OF COMMITTEE (In Full)		1	FOR LINE 24 OF FORM 3X
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC II	C00348540
Check if 24-hour notice 48-hour notice			000010010
Full Name (Last, First, Middle, Initial) of Payee	l D	I ate	
UNION TRAVEL MASTERCARD		0.3 / D D	2009
Mailing Address		mount	
P.O. BOX 88000			6925.90
City State Z	p Code	ransaction ID:	SE.6769
	1288 Of	ice Sought:	House State: PA
Purnose of Expenditure			Senate District:
CATERING Catego		X	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Ch	eck One:	Support Oppose
BARACK OBAMA	Dis	bursement For:	Primary X General
		Other (spec	cify) :
	183.42	2008	- 7/
for Office Sought			
Full Name (Last, First, Middle, Initial) of Payee	D	ate	
UNION TRAVEL MASTERCARD		03 / 23	2009
Mailing Address	Δ	mount	
P.O. BOX 88000			539.45
	т.	ransaction ID:	SE.6770
·	p Code	ice Sought:	House State: NH
Purpose of Expenditure	1200		Senate District:
TRANSPORTATION COSTS Catego Typ		X	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Ch	eck One:	Support Oppose
BARACK OBAMA			
	Dis	bursement For:	-
Calendar Year-To-Date Per Election	746.51	Other (spec	cify) :
for Office Sought	740.31	2000	
(c) OURTOTAL of the circulated and the control of the circulated and circulated an	,		7465.35
(a) SUBTOTAL of Itemized Independent Expenditures			11000
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported her or at the request or suggestion of, any candidate or authorized committee or age committee) any political party committee or its agent.			
KEVIN FINNEGAN	Date 04 3	0 2009	
Signature			

TEMIZED INDEPENDENT EXPE	NDITURES			PAGE 37/39
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND				C C00348540
Check if 24-hour notice 48-hou	r notice			C 3333 133 13
Full Name (Last, First, Middle, Initial) of Payee	110000		Date	
UNION TRAVEL MASTERCARD			M M /	23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
P.O. BOX 88000				798.20
City	State Z	ip Code		n ID: SE.6771
BALTIMORE		1288	Office Sought	t: House State: NH
Purpose of Expenditure TRANSPORTATION COSTS	Catego Typ			Senate District: X Presidential
Name of Federal Candidate supported or Oppo	sed by expenditure:		Check One:	X Support Oppose
DAI IAON ODAMA			Disbursemen	t For: Primary X General
Colorados Vers To Data Day Florting			Othe	er (specify) :
Calendar Year-To-Date Per Election for Office Sought		544.71	2008	
Full Name (Last, First, Middle, Initial) of Payee			Date	
UNION TRAVEL MASTERCARD			0.3	23 / 2009
Mailing Address			Amount	
P.O. BOX 88000			Transaction	1740.37 n ID: SE.6772
City		ip Code	Office Sought	
BALTIMORE	MD 2	1288	Omoc cougn	Senate District:
Purpose of Expenditure CATERING EXPENSES	Catego			X Presidential
	Тур	e	Chook Ono:	Cupport 0
Name of Federal Candidate supported or Opposed by expenditure:			Check One:	X Support Oppose
BARACK OBAMA			Disbursemen	t For: Primary X General
Ochondro Vere To Data Des Florifica			Othe	er (specify):
Calendar Year-To-Date Per Election for Office Sought		285.08	2008	
(a) SUBTOTAL of Itemized Independent Expendi	tures			2538.57
(b) SUBTOTAL of Unitemized Independent Expe	nditures			
(a) TOTAL ladamandant Funandituma				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent or at the request or suggestion of, any candidate or au committee) any political party committee or its agent.				
		M	D D	Y " Y " Y " Y "
KEVIN FINNEGAN		Date 0 4		2009
Signature				

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND Check if	TEMIZED INDEPENDENT EXPE	NDITURES	PAGE 38/39 FOR LINE 24 OF FORM 3X
AL ACTION FUND Check if	,	FEC IDENTIFICATION NUMBER	
Full Name (Last, First, Middle, Initial) of Payee US POSTMASTER Mailing Address 421 8TH AVENUE, JAF WINDOW #76 City NEW YORK NY 10199 Purpose of Expenditure POSTAGE FOR MEMBERSH- IP MAILING Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY Calendar Year-To-Date Per Election Date M M M M O 3		C C00348540	
Mailing Address 421 8TH AVENUE, JAF WINDOW #76 City NEW YORK NY 10199 Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY Calendar Year-To-Date Per Election M M M O 3	Check if 24-hour notice 48-hour	notice	
Mailing Address 421 8TH AVENUE, JAF WINDOW #76 City State Zip Code NEW YORK NY 10199 Purpose of Expenditure POSTAGE FOR MEMBERSH- IP MAILING Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY Calendar Year-To-Date Per Election Amount 913.00 Transaction ID: SE.6752 Office Sought: X House State: NY Senate District: 20 Presidential Check One: X Support Oppose Other (specify): Special-General 2009 Control of the primary General Other (specify): Special-General Other (specify): Special-General	Full Name (Last, First, Middle, Initial) of Payee		Date
City State Zip Code NEW YORK NY 10199 Purpose of Expenditure POSTAGE FOR MEMBERSH- IP MAILING Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY Calendar Year-To-Date Per Election State Zip Code NY 10199 Category/ Type Category/ Type Check One: X Support Oppose Check One: X Support Oppose Other (specify) : Special-General 2009 Code NY House State: NY District: 20 Presidential Other (specify) : Special-General Other (specify) : Special-General	US POSTMASTER		$\begin{bmatrix} M & M \\ O & 3 \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 1 & 6 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
City State Zip Code NEW YORK NY 10199 Purpose of Expenditure POSTAGE FOR MEMBERSH- IP MAILING Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY Calendar Year-To-Date Per Election State Zip Code NY 10199 Category/ Type Category/ Type Check One: X Support Oppose Check One: X Support Oppose Other (specify) : Special-General 2009 Content of Special Content o	· ·	Amount	
City NEW YORK NY 10199 Purpose of Expenditure POSTAGE FOR MEMBERSH- IP MAILING Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY Calendar Year-To-Date Per Election State Zip Code NY 10199 Category/ Type Category/ Type Check One: X Support Oppose Check One: X Support Oppose Check One: Oppose Other (specify): Special-General Other (specify): Special-General 2009 Content of State: NY Disbursement For: Primary Other (specify): Special-General Content of Specify Content of Specific of Specifi	421 8TH AVENUE, JAF WINDOW #76		913.00
NEW YORK Purpose of Expenditure POSTAGE FOR MEMBERSH- IP MAILING Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY Calendar Year-To-Date Per Election Office Sought: X House State: NY District: 20 Presidential Check One: X Support Oppose Office Sought: X House State: NY District: 20 Presidential Other (specify): Special-General 2009 Other (specify): Special-General 2009 IMEMO ITEM 1	City	State Zip Code	Transaction ID: SE.6752
POSTAGE FOR MEMBERSH- IP MAILING Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY Calendar Year-To-Date Per Election Category/ Type Check One: X Support Oppose Disbursement For: Primary General Other (specify): Special-General 2009 CATEMO ITEM 1	· · · · · · · · · · · · · · · · · · ·	·	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY Calendar Year-To-Date Per Election Check One: X Support Oppose Disbursement For: Primary General Other (specify): Special-General 2009 CALEND LITEMA	•	1 * '	
SCOTT MURPHY Disbursement For: Primary General Other (specify): Special-General 2009 CALEND LITEMA		Check One: X Support Oppose	
Galendar Year-To-Date Per Election 315793.78 2009			
		315793.78	2009

(a) SUBTOTAL of Itemized Independent Expenditures	0.00				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	529730.76				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
KEVIN FINNEGAN Signature	Date 04 30 2009				

Image# 29933621893

Form/Schedule:**SE**Transaction ID: **SE.6757**

33,529.99 (reported on Page 29 of 39) is the adjustment payment of an independent expenditure. It was previously reported as 35,529.99 on March 16, 2009 (page 27 of 39).