

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

ADDRESS (number and street)

330 WEST 42ND STREET, 7TH FLOOR

☐Check if different
than previously
reported. (ACC)

NEW YORK

NY

10036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00348540

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☒

Special (30S)

Election on

in the
State of

5. Covering Period

03

12

2009

through

04

20

2009

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

Type or Print Name of Treasurer

KEVIN FINNEGAN

Signature of Treasurer

Electronically Filed by KEVIN FINNEGAN

Date

04

30

2009

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

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

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

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	4	2	0	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		822096.41
(b) Cash on Hand at Beginning of Reporting Period	648675.62	
(c) Total Receipts (from Line 19)	828898.74	2100953.85
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1477574.36	2923050.26
7. Total Disbursements (from Line 31)	551902.66	1997378.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	925671.70	925671.70
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	399804.54	

☐ 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:

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

To:

M	M	D	D	Y	Y	Y	Y
0	4	2	0	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	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)	0.00	0.00
(d) Total Contributions (add Lines 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
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	828898.74	2100953.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	828898.74	2100953.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	22120.00	26179.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	22120.00	26179.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	529730.76	1971147.66
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	16.10	16.10
(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
29. Other Disbursements.....	35.80	35.80
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	551902.66	1997378.56
32. 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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)

HOROWITZ & ULLMANN, P.C.

Mailing Address 275 MADISON AVENUE
SUITE 902

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
ACCOUNTING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.6773

Date of Disbursement

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

Amount of Each Disbursement this Period

22120.00

SUBTOTAL of Disbursements This Page (optional)

22120.00

TOTAL This Period (last page this line number only)

22120.00

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

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

FOR LINE NUMBER:
(check only one)

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<input 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

A.

Full Name (Last, First, Middle Initial)

SHEILA JEFFERSON

Mailing Address 151-51 136TH STREET

City
JAMAICA

State
NY

Zip Code
11434

Purpose of Disbursement
REFUND OF UNITEMIZED CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.6790

Date of Disbursement

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

Amount of Each Disbursement this Period

16.10

SUBTOTAL of Disbursements This Page (optional)

16.10

TOTAL This Period (last page this line number only)

16.10

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

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

FOR LINE NUMBER:
(check only one)

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<input 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

A.

Full Name (Last, First, Middle Initial)

1199 MASSACHUSETTS POLITICAL ACTION COMMITTEE

Mailing Address 330 42ND STREET
7TH FLOOR

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.6776

Date of Disbursement

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

Amount of Each Disbursement this Period

35.80

SUBTOTAL of Disbursements This Page (optional)

35.80

TOTAL This Period (last page this line number only)

35.80

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature 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

34726.09

Transaction ID: SD10.6237

Amount Incurred This Period

0.00

Payment This Period

34726.09

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):
REIMBURSE STAFF SALARIES
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

8493.33

Transaction ID: SD10.6238

Amount Incurred This Period

0.00

Payment This Period

8493.33

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature of Debt (Purpose):
REIMBURSE STAFF SALARIES
AND BENEFITS

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

9557.09

Transaction ID: SD10.6240

Amount Incurred This Period

0.00

Payment This Period

1465.11

Outstanding Balance at Close of This Period

8091.98

1) **SUBTOTALS** This Period This Page (optional).....

8091.98

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 10 / 39

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature 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 EASTNature 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 EASTNature 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 11 / 39

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature 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 EASTNature 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 EASTNature 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
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numbered line)

PAGE 12 / 39

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature 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 EASTNature 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 EASTNature 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)
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numbered line)

PAGE 13 / 39

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature 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 EASTNature 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 EASTNature 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)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
1199 SEIU UNITED HEALTHCARE WORKERS EASTNature 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 EASTNature 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
4900 GROUPNature of Debt (Purpose):
POSTCARDS-PRODUCTION, SHI-
PPING, POSTAGEMailing Address 2001 N. BEAUREGARD STREET
STE. 420City State ZIP Code
ALEXANDRIA VA 22311

Outstanding Balance Beginning This Period

44393.75

Transaction ID: SD10.6672

Amount Incurred This Period

0.00

Payment This Period

44393.75

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional).....

26075.95

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)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
4900 GROUPNature of Debt (Purpose):
BROCHURE MAILER-PRODUCTIO-
N, SHIP., POSTMailing Address 2001 N. BEAUREGARD STREET
STE. 420City State ZIP Code
ALEXANDRIA VA 22311

Outstanding Balance Beginning This Period

44393.75

Transaction ID: SD10.6673

Amount Incurred This Period

0.00

Payment This Period

44393.75

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AMERICAN EXPRESSNature 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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AVIS RENT A CAR SYSTEM, INC.Nature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address 7876 COLLECTIONS CTR DRIVE

City 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

1) **SUBTOTALS** This Period This Page (optional).....

1396.12

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)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
JENNY BAUERNature 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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
LILLIAN CARINONature of Debt (Purpose):
REIMBURSEMENT FOR TRAVEL
EXPENSESMailing Address 327 SAINT NICHOLAS AVENUE
APT. 2NCity 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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ANTONELLA PECHTELNature of Debt (Purpose):
REIMBURSEMENT CATERING EX-
PENSE

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

1) **SUBTOTALS** This Period This Page (optional).....

290.04

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)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SEIU COMMUNICATIONS CENTER INC.Nature of Debt (Purpose):
PHONE BANKING

Mailing Address 330 WEST 42ND STREET

City State ZIP Code
NEW YORK NY 10036

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6785

Amount Incurred This Period

1892.88

Payment This Period

0.00

Outstanding Balance at Close of This Period

1892.88

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature of Debt (Purpose):
TRAVEL EXPENSE

Mailing Address P.O. BOX 88000

City State ZIP Code
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

1557.29

Transaction ID: SD10.6297

Amount Incurred This Period

0.00

Payment This Period

1557.29

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

2277.98

Transaction ID: SD10.6298

Amount Incurred This Period

0.00

Payment This Period

2277.98

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

1892.88

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)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

524.82

Transaction ID: SD10.6300

Amount Incurred This Period

0.00

Payment This Period

524.82

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature of Debt (Purpose):
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

1674.86

Transaction ID: SD10.6301

Amount Incurred This Period

0.00

Payment This Period

1674.86

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature of Debt (Purpose):
CATERING

Mailing Address P.O. BOX 88000

City State ZIP Code
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

6925.90

Transaction ID: SD10.6302

Amount Incurred This Period

0.00

Payment This Period

6925.90

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):
 TRANSPORTATION COSTS

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

539.45

Transaction ID: SD10.6515

Amount Incurred This Period

0.00

Payment This Period

539.45

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):
 TRANSPORTATION COSTS

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

798.20

Transaction ID: SD10.6516

Amount Incurred This Period

0.00

Payment This Period

798.20

Outstanding Balance at Close of This Period

0.00

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

3637.84

Transaction ID: SD10.6517

Amount Incurred This Period

0.00

Payment This Period

1740.37

Outstanding Balance at Close of This Period

1897.47

1) **SUBTOTALS** This Period This Page (optional).....

1897.47

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)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature 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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature 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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature 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

1) **SUBTOTALS** This Period This Page (optional).....

3120.12

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):
 TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

1056.95

Transaction ID: SD10.6521

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1056.95

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):
 CATERING EXPENSES

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

2372.04

Transaction ID: SD10.6522

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2372.04

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):
 TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City	State	ZIP Code
BALTIMORE	MD	21288

Outstanding Balance Beginning This Period

367.37

Transaction ID: SD10.6533

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

367.37

1) **SUBTOTALS** This Period This Page (optional).....

3796.36

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature of Debt (Purpose):
TRAVEL EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

262.40

Transaction ID: SD10.6535

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

262.40

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature of Debt (Purpose):
CATERING EXPENSES

Mailing Address P.O. BOX 88000

City State ZIP Code
BALTIMORE MD 21288

Outstanding Balance Beginning This Period

477.00

Transaction ID: SD10.6536

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

477.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature 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

1) **SUBTOTALS** This Period This Page (optional).....

1264.20

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)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):
 CATERING EXPENSES

Mailing Address P.O. BOX 88000

City	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

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

419.84

Transaction ID: SD10.6539

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

419.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 UNION TRAVEL MASTERCARD

 Nature of Debt (Purpose):
 TRANSPORTATION COSTS

Mailing Address P.O. BOX 88000

City	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

1) **SUBTOTALS** This Period This Page (optional).....

2074.29

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature 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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
UNION TRAVEL MASTERCARDNature 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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
US POSTMASTERNature of Debt (Purpose):
POSTAGE FOR MEMBERSHIP MAILING

Mailing Address 421 8TH AVENUE, JAF WINDOW #76

City State ZIP Code
NEW YORK NY 10199

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.6784

Amount Incurred This Period

913.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

913.00

1) SUBTOTALS This Period This Page (optional).....

6689.76

2) TOTALS This Period (last page this line number only).....

399804.54

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)

399804.54

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00348540 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee 1199 SEIU UNITED HEALTHCARE WORKERS EAST		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 03</div> <div style="border: 1px solid black; padding: 2px;">D 23</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address 330 WEST 42ND STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">34726.09</div>	
City State Zip Code NEW YORK NY 10036		Transaction ID: SE.6787	
Purpose of Expenditure REIMBURSE STAFF SALA- RIES & BENEFITS		Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">195291.55</div>			
Full Name (Last, First, Middle, Initial) of Payee 1199 SEIU UNITED HEALTHCARE WORKERS EAST		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 03</div> <div style="border: 1px solid black; padding: 2px;">D 23</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address 330 WEST 42ND STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8493.33</div>	
City State Zip Code NEW YORK NY 10036		Transaction ID: SE.6788	
Purpose of Expenditure REIMBURSE STAFF SALA- RIES & BENEFITS		Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">13778.41</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">43219.42</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 04</div> <div style="border: 1px solid black; padding: 2px;">D 30</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00348540 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee 1199 SEIU UNITED HEALTHCARE WORKERS EAST		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 03</div> <div style="border: 1px solid black; padding: 2px;">D 23</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address 330 WEST 42ND STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1465.11</div>	
City State Zip Code NEW YORK NY 10036		Transaction ID: SE.6789	
Purpose of Expenditure REIMBURSE STAFF SALA- RIES & BENEFITS		Office Sought: <input type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; text-align: right;">1465.11</div>			
Full Name (Last, First, Middle, Initial) of Payee 4900 GROUP		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 03</div> <div style="border: 1px solid black; padding: 2px;">D 16</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address 2001 N. BEAUREGARD STREET STE. 420		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40563.29</div>	
City State Zip Code ALEXANDRIA VA 22311		Transaction ID: SE.6749	
Purpose of Expenditure PROMOTIONAL LITERATU- RE		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Special-General</u> 2009	
<div style="border: 1px solid black; padding: 2px; text-align: right;">129350.79</div>		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">1465.11</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
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 <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 04</div> <div style="border: 1px solid black; padding: 2px;">D 30</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00348540 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee 4900 GROUP		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 03</div> <div style="border: 1px solid black; padding: 2px;">D 16</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address 2001 N. BEAUREGARD STREET STE. 420		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35529.99</div>	
City State Zip Code ALEXANDRIA VA 22311		Transaction ID: SE.6750	
Purpose of Expenditure PROMOTIONAL LITERATU- RE		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Special-General 2009 [MEMO ITEM]	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">164880.78</div>			
Full Name (Last, First, Middle, Initial) of Payee 4900 GROUP		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 03</div> <div style="border: 1px solid black; padding: 2px;">D 19</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address 2001 N. BEAUREGARD STREET STE. 420		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40563.29</div>	
City State Zip Code ALEXANDRIA VA 22311		Transaction ID: SE.6748	
Purpose of Expenditure PROMOTIONAL LITERATU- RE		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Special-General 2009 [MEMO ITEM]	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">356357.07</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 04</div> <div style="border: 1px solid black; padding: 2px;">D 30</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00348540 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee 4900 GROUP		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 03</div> <div style="border: 1px solid black; padding: 2px;">D 25</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address 2001 N. BEAUREGARD STREET STE. 420		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40563.29</div>	
City State Zip Code ALEXANDRIA VA 22311		Transaction ID: SE.6746	
Purpose of Expenditure PROMOTIONAL LITERATU- RE		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>Special-General</u> 2009 [MEMO ITEM]	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">396920.36</div>			
Full Name (Last, First, Middle, Initial) of Payee 4900 GROUP		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 03</div> <div style="border: 1px solid black; padding: 2px;">D 27</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address 2001 N. BEAUREGARD STREET STE. 420		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40563.29</div>	
City State Zip Code ALEXANDRIA VA 22311		Transaction ID: SE.6733	
Purpose of Expenditure PROMOTIONAL LITERATU- RE		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>Special-General</u> 2009	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">512483.65</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">40563.29</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 04</div> <div style="border: 1px solid black; padding: 2px;">D 30</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00348540 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee 4900 GROUP		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	
Mailing Address 2001 N. BEAUREGARD STREET STE. 420		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40563.29</div>	
City State Zip Code ALEXANDRIA VA 22311		Transaction ID: SE.6756	
Purpose of Expenditure PROMOTIONAL LITERATU- RE		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>Special-General</u> 2009	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">553046.94</div>			
Full Name (Last, First, Middle, Initial) of Payee 4900 GROUP		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	
Mailing Address 2001 N. BEAUREGARD STREET STE. 420		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">33529.99</div>	
City State Zip Code ALEXANDRIA VA 22311		Transaction ID: SE.6757	
Purpose of Expenditure PROMOTIONAL LITERATU- RE		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>Special-General</u> 2009	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">586576.93</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">74093.28</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 4</div> <div style="border: 1px solid black; padding: 2px;">D D 3 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00348540 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee 4900 GROUP		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	
Mailing Address 2001 N. BEAUREGARD STREET STE. 420		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40563.29</div>	
City State Zip Code ALEXANDRIA VA 22311		Transaction ID: SE.6759	
Purpose of Expenditure PROMOTIONAL LITERATU- RE		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>Special-General</u> 2009	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">777140.22</div>			
Full Name (Last, First, Middle, Initial) of Payee 4900 GROUP		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	
Mailing Address 2001 N. BEAUREGARD STREET STE. 420		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">44393.75</div>	
City State Zip Code ALEXANDRIA VA 22311		Transaction ID: SE.6761	
Purpose of Expenditure POSTCARDS-PRODUCTION, SHIPPING, POSTAGE		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>Special-General</u> 2009	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">896533.97</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">84957.04</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 4</div> <div style="border: 1px solid black; padding: 2px;">D D 3 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00348540 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee 4900 GROUP		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	
Mailing Address 2001 N. BEAUREGARD STREET STE. 420		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">44393.75</div>	
City State Zip Code ALEXANDRIA VA 22311		Transaction ID: SE.6762	
Purpose of Expenditure BROCHURE, MAILER-PRO- Duction, SHIP., POST		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>Special-General</u> 2009	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">940927.72</div>			
Full Name (Last, First, Middle, Initial) of Payee KNICKERBOCKER SKD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 2 5</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	
Mailing Address 594 BROADWAY, SUITE 610		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">75000.00</div>	
City State Zip Code NEW YORK NY 10012		Transaction ID: SE.6747	
Purpose of Expenditure TV BUY		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>Special-General</u> 2009	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">471920.36</div>		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">44393.75</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 4</div> <div style="border: 1px solid black; padding: 2px;">D D 3 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC IDENTIFICATION NUMBER ▼ C C00348540	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee KNICKERBOCKER SKD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 03</div> <div style="border: 1px solid black; padding: 2px;">D 27</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address 594 BROADWAY, SUITE 610		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">75000.00</div>	
City State Zip Code NEW YORK NY 10012		Transaction ID: SE.6760	
Purpose of Expenditure TV BUY		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>Special-General</u> 2009	
<div style="border: 1px solid black; padding: 2px; text-align: right;">852140.22</div>			
Full Name (Last, First, Middle, Initial) of Payee NOVAK MEDIA INC.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 03</div> <div style="border: 1px solid black; padding: 2px;">D 16</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address 159 WEST MAIN STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">150000.00</div>	
City State Zip Code WEBSTER NY 14580		Transaction ID: SE.6751	
Purpose of Expenditure RADIO BUY, AD PRODUCTION		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>Special-General</u> 2009	
<div style="border: 1px solid black; padding: 2px; text-align: right;">314880.78</div>		[MEMO ITEM]	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">75000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
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 <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 04</div> <div style="border: 1px solid black; padding: 2px;">D 30</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00348540 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NOVAK MEDIA INC.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 03</div> <div style="border: 1px solid black; padding: 2px;">D 27</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address 159 WEST MAIN STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">150000.00</div>	
City State Zip Code WEBSTER NY 14580		Transaction ID: SE.6758	
Purpose of Expenditure RADIO BUY, AD PRODUC- TION		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>Special-General</u> 2009	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">736576.93</div>			
Full Name (Last, First, Middle, Initial) of Payee SEIU COMMUNICATIONS CENTER INC.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 03</div> <div style="border: 1px solid black; padding: 2px;">D 31</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address 330 WEST 42ND STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1892.88</div>	
City State Zip Code NEW YORK NY 10036		Transaction ID: SE.6744	
Purpose of Expenditure PHONE BANKING		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>Special-General</u> 2009	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">942820.60</div>		[MEMO ITEM]	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">150000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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

KEVIN FINNEGAN
 Signature

Date

M
04

D
30

Y
2009

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00348540 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 03</div> <div style="border: 1px solid black; padding: 2px;">D 23</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1557.29</div>	
City State Zip Code BALTIMORE MD 21288		Transaction ID: SE.6764	
Purpose of Expenditure TRAVEL EXPENSES		Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; text-align: right;">292257.52</div>			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 03</div> <div style="border: 1px solid black; padding: 2px;">D 23</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2277.98</div>	
City State Zip Code BALTIMORE MD 21288		Transaction ID: SE.6765	
Purpose of Expenditure TRAVEL EXPENSES		Office Sought: <input type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; text-align: right;">4226.94</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">3835.27</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
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 <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 04</div> <div style="border: 1px solid black; padding: 2px;">D 30</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00348540 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 03</div> <div style="border: 1px solid black; padding: 2px;">D 23</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">524.82</div>	
City State Zip Code BALTIMORE MD 21288		Transaction ID: SE.6766	
Purpose of Expenditure TRAVEL EXPENSES		Office Sought: <input type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">532.20</div>			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 03</div> <div style="border: 1px solid black; padding: 2px;">D 23</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1674.86</div>	
City State Zip Code BALTIMORE MD 21288		Transaction ID: SE.6768	
Purpose of Expenditure CATERING EXPENSES		Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">2207.06</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2199.68</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 04</div> <div style="border: 1px solid black; padding: 2px;">D 30</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC IDENTIFICATION NUMBER C C00348540	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9	
Mailing Address P.O. BOX 88000		Amount 6925.90	
City State Zip Code BALTIMORE MD 21288		Transaction ID: SE.6769	
Purpose of Expenditure CATERING		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
299183.42			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9	
Mailing Address P.O. BOX 88000		Amount 539.45	
City State Zip Code BALTIMORE MD 21288		Transaction ID: SE.6770	
Purpose of Expenditure TRANSPORTATION COSTS		Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
2746.51			
(a) SUBTOTAL of Itemized Independent Expenditures		7465.35	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
KEVIN FINNEGAN Signature		Date M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00348540 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 03</div> <div style="border: 1px solid black; padding: 2px;">D 23</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">798.20</div>	
City State Zip Code BALTIMORE MD 21288		Transaction ID: SE.6771	
Purpose of Expenditure TRANSPORTATION COSTS		Office Sought: <input type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3544.71</div>			
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 03</div> <div style="border: 1px solid black; padding: 2px;">D 23</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	
Mailing Address P.O. BOX 88000		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1740.37</div>	
City State Zip Code BALTIMORE MD 21288		Transaction ID: SE.6772	
Purpose of Expenditure CATERING EXPENSES		Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">5285.08</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2538.57</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 04</div> <div style="border: 1px solid black; padding: 2px;">D 30</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00348540</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee US POSTMASTER			Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 3</div> <div><small>D D</small> 1 6</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div>	
Mailing Address 421 8TH AVENUE, JAF WINDOW #76			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">913.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City NEW YORK</div> <div>State NY</div> <div>Zip Code 10199</div> </div>			Transaction ID: SE.6752 <hr/> Office Sought: <input checked="" type="checkbox"/> House State: <u>NY</u> <input type="checkbox"/> Senate District: <u>20</u> <input type="checkbox"/> Presidential	
Purpose of Expenditure POSTAGE FOR MEMBERSH- IP MAILING			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			<div style="display: flex; justify-content: space-between;"> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General</div> <div><input type="checkbox"/> Other (specify) : <u>Special-General</u></div> </div> <div style="text-align: center;">2009 [MEMO ITEM]</div>	
315793.78				

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">529730.76</div>
<p>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.</p>	
KEVIN FINNEGAN _____ Signature	Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 4</div> <div><small>D D</small> 3 0</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div>

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).
