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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND 330 WEST 42ND STREET, 7TH FLOOR ADDRESS (number and street) Check if different than previously **NEW YORK** NY 10036 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00348540 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 Χ PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2008 06 3 0 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. PATRICK GASPARD Type or Print Name of Treasurer Electronically Filed by PATRICK GASPARD 07 15 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003	Page 2	
Write or Type Committee Name 1199 SERVICE EMPLOYEES	S INT'L UNION FEDERAL POLITICAL ACTION FU	ND
Report Covering the Period: From	om: 0 4 0 1 2 0 0 8	To: 0 6 3 0 2 0 0 8
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Ž008	Y Y	347775.25
(b) Cash on Hand at Begining of Reporting Period	231894.70	
(c) Total Receipts (from Line 19) .	1557869.13	3132565.95
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1789763.83	3480341.20
7. Total Disbursements (from Line 31)	1308298.32	2998875.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	481465.51	481465.51
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	453134.84	
This Committee has qualified as	s a multicandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E street. NW	

Washington, DC 20463

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

DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period: From:	0 4 0 1 2 0 0 8 T	o: 0 6 3 0 Y Y Y Y Y
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	700.00	700.00
(ii) Unitemized	1557169.13	3131865.95
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1557869.13	3132565.95
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1557869.13	3132565.95
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received15. Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Fun	nds	
(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))	1557869.13	3132565.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1557869.13	3132565.95

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures:		
(6	a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(I	b) Other Federal Operating Expenditures	655.00	655.00
(0	c) Total Operating Expenditures		
э т	(add 21(a)(i), (a)(ii) and (b))	655.00	655.00
C	Committees	799907.01	2159530.01
F	Contributions to Federal Candidates/Committees	0.00	0.00
	ndependent Expenditure use Schedule E)	302446.74	630034.89
5. C	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
	oan Repayments Made	0.00	0.00
		0.00	0.00
3. F	oans Made	0.00	0.00
(;	a) Individuals/Persons Other Than Political Committees	247.96	529.96
(I	b) Political Party Committees	0.00	0.00
(0	c) Other Political Committees (such as PACs)	0.00	0.00
(0	d) Total Contribution Refunds	047.00	F00.00
	(add Lines 28(a), (b), and (c))	247.96	529.96
). C	Other Disbursements	205041.61	208125.83
	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	,,	0.00	0.00
	(ii) "Levin" Share(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
	Fotal Disbursements (add Lines 21(c), 22,	400000000	222275 22
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1308298.32	2998875.69
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	1308298.32	2998875.69
I	from Line 31)	1300290.32	2990075.09

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures				
33.	Total Contributions (other than loans) from Line 11(d), page 3)	1557869.13	3132565.95	
34.	Total Contribution Refunds (from Line 28(d))	247.96	529.96	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	1557621.17	3132035.99	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	655.00	655.00	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	655.00	655.00	

FE6AN026

A. MITI Mail City BR FEC fede Nan NAT Rec Full MITI Mail City City City City City City City Cit	ommercial purposes, other than using the ME OF COMMITTEE (In Full) 99 SERVICE EMPLOYEES INT'L I Name (Last, First, Middle Initial) RA BEHROOZI ing Address 123 LINCOLN PLACE	State Zip Code NY 11217 C Occupation	to solicit contributions from such committee.
A. Full Milling Mail City BRG FECG Feder NATI MAIL Rec Full MITT Mail City	P9 SERVICE EMPLOYEES INT'L UNAME (Last, First, Middle Initial) RA BEHROOZI Ing Address 123 LINCOLN PLACE OOKLYN C ID number of contributing eral political committee. The of Employer TIONAL BENEFIT FUND-1199	State Zip Code NY 11217 C	Date of Receipt M M
A. MITT Mail City BR FEC fede Nan NAT Rec Full Mail City	RA BEHROOZI ing Address 123 LINCOLN PLACE OOKLYN C ID number of contributing eral political committee. ne of Employer TIONAL BENEFIT FUND-1199	State Zip Code NY 11217 C Occupation	Transaction ID: SA11AI.5835 Amount of Each Receipt this Period
City BRI FEC fede Nan NA1 Rec Full Mill Mail	OOKLYN C ID number of contributing eral political committee. THE OF THE PROPERTY OF THE PROPER	State Zip Code NY 11217 C Occupation	Transaction ID: SA11AI.5835 Amount of Each Receipt this Period
Rec Full Milit Mail	C ID number of contributing eral political committee. THE PROOF TO SERVICE TO	Occupation	Amount of Each Receipt this Period
Rec Full Mail City	eral political committee. ne of Employer TIONAL BENEFIT FUND-1199	Occupation	150.00
Full Mill Mail		· ·	DAY/DOLL DEDUCTION OF 4.50
Full Mill Mail	eipt For:	EXECUTIVE DIRECTOR	PAYROLL DEDUCTION OF \$150 PER MONTH
Mail City	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
City	Name (Last, First, Middle Initial) RA BEHROOZI		Date of Receipt
•	ing Address 123 LINCOLN PLACE	=	0 6 1 5 2 0 0 8
BR		State Zip Code	Transaction ID: SA11AI.5836
	OOKLYN	NY 11217	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C	150.00 PAYROLL DEDUCTION OF \$150
	ne of Employer TIONAL BENEFIT FUND-1199	Occupation EXECUTIVE DIRECTOR	PER MONTH
Rec	eipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify) ▼	450.00	
	Name (Last, First, Middle Initial) RA BEHROOZI		Date of Receipt
Mail ——	ing Address 123 LINCOLN PLACE		06 30 7 2008
City	OOKLYN	State Zip Code NY 11217	Transaction ID: SA11AI.5837
FEC	C ID number of contributing eral political committee.	NY 11217	Amount of Each Receipt this Period 150.00
Nan NA	ne of Employer TIONAL BENEFIT FUND-1199	Occupation EXECUTIVE DIRECTOR	PAYROLL DEDUCTION OF \$150 PER MONTH
Rec	eipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	600.00	
SUBT			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 24 (check only one) X 11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	1199 SERVICE EMPLOYEES INT'L	UNION FEDE	ERAL POLITICAL ACTION F	FUND
۷.	Full Name (Last, First, Middle Initial) MAUREEN ESTWICK			Date of Receipt
	Mailing Address 1681 E 53RD STREE	Ξ Τ		06 / 30 / 2008
	City BROOKLYN	State NY	Zip Code 11234	Transaction ID: SA11AI.5839
	FEC ID number of contributing federal political committee.	C	11234	Amount of Each Receipt this Period 60.00
	Name of Employer MAIMONIDES MEDICAL CENTER	Occupation PATIEN	on T CARE TECHNICIAN	PAYROLL DEDUCTION OF \$60 PER MONTH
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
- 3.	Full Name (Last, First, Middle Initial) ROSEMARIE GLOVER			Date of Receipt
	Mailing Address 2915 CLUTE ROAD			05 30 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5841
	CORTLAND FEC ID number of contributing federal political committee.	C	13045	Amount of Each Receipt this Period 40.00
	Name of Employer COMMUNITY GENERAL HOSPITAL	Occupation	ered NURSE	PAYROLL DEDUCTION OF \$40 PER MONTH
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 220.00	
. –	Full Name (Last, First, Middle Initial) MICHAEL JOSEPH			Date of Receipt
	Mailing Address 13202 115TH AVENU	JE		05 31 YYYY 2008
	City SOUTH OZONE PARK	State NY	Zip Code 11420	Transaction ID: SA11AI.5843 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	TITE	50.00
	Name of Employer FRANKLIN NURSING HOME	Occupation KITCHE	n N HELPER	PAYROLL DEDUCTION OF \$50 PER MONTH
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		150.00

A.

В.

PAGE 8/24 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 **1**17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND Full Name (Last, First, Middle Initial) COLLEEN KOCHMAN Date of Receipt Mailing Address 155 FORREST WAY 0 5 31 2008 City State Zip Code Transaction ID: SA11AI.5845 **CAMILLUS** NY 13031 Amount of Each Receipt this Period FEC ID number of contributing C 45.00 federal political committee. PAYROLL DEDUCTION OF \$45 PER MONTH Name of Employer COMMUNITY GENERAL HOSPITAL Occupation REGISTERED NURSE Receipt For: Aggregate Year-to-Date General Primary 202.00 Other (specify) Full Name (Last, First, Middle Initial) STACEY MILLMAN Date of Receipt Mailing Address 289 MANNING BLVD. 0.4 30 2008 City State Zip Code Transaction ID: SA11AI.5847 **ALBANY** NY 12206-1425 Amount of Each Receipt this Period FEC ID number of contributing C 55.00 federal political committee. PAYROLL DEDUCTION OF \$55 PER MONTH Name of Employer NATIONAL BENEFIT FUND-1199 Occupation COMMUNICATIONS DIRECTOR Receipt For: Aggregate Year-to-Date ▼ Primary General

		400.00
SUBTOTAL of Receipts This Page (optional)	•	100.00
TOTAL This Period (last page this line number only)	•	700.00

210.00

Other (specify)

State:

A.

SCHEDULE B (FEC Form 3X)

District:

FOR LINE NUMBER: PAGE 9/24 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 23 26 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND Full Name (Last, First, Middle Initial) Transaction ID: SB21B.5881 HOROWITZ & ULLMANN, P.C. Date of Disbursement 23 0 4 2008 Mailing Address 275 MADISON AVENUE SUITE 902 City State Zip Code Amount of Each Disbursement this Period **NEW YORK** NY 10016 655.00 Purpose of Disbursement **ACCOUNTING FEES** Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify)

		055.00
SUBTOTAL of Disbursements This Page (optional)		655.00
TOTAL This Period (last page this line number only)	•	655.00

Any Information copied from such Reports and Statemor for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	for each cat Detailed Su ents may not b	mmary Page be sold or used	by a	27	X 22 28a		23 28b	24 28c		25 29	□ 2
or for commercial purposes, other than using the name			by a		for the n					-	- 3
_	anu auuress	of any political									
1199 SERVICE EMPLOYEES INT'L UNION						mouto	115 110	iii sucii		illee	
Full Name (Last, First, Middle Initial) SEIU COPE FUND						sactio of Dis		SB22 ment	.5848		
Mailing Address 1313 L STREET, NW					0 ^M 5	M /	^D 0	^D /	ž (8 Ó C	Y
		Zip Code 20005			Amo	unt of I	Each	Disburse			eriod
Purpose of Disbursement TRANSFER Candidate Name				to non /	L				28225	3.00	-
Office Sought: House Disburser	ment For:			tegory/ Type							
Senate President	Primary Other (specif	General y) ▼									
State: District: Full Name (Last, First, Middle Initial) SEIU COPE FUND						sactio of Dis		SB22	.5849	1	
Mailing Address 1313 L STREET, NW					0 ^M 6	M /	^D 0	^D /	ž	8 Ó C	Y
		Zip Code 20005			Amo	unt of I	Each	Disburse			eriod
Purpose of Disbursement TRANSFER							•		34677	72.01	
Candidate Name	mont For			tegory/ Type							
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Full Name (Last, First, Middle Initial) SEIU COPE FUND					Date	of Dis	burse				
Mailing Address 1313 L STREET, NW					0 ^M 6	M /	^D 2	5 /	Ž (8 Ó C	Y
		Zip Code 20005			Amo	unt of I	Each	Disburse			-
Purpose of Disbursement TRANSFER Candidate Name				togon/	L.			•	17088	32.00	
Office Sought: House Disburser	ment For:			tegory/ Type							
Senate President	Primary Other (specif	General y) ▼									
State: District: SUBTOTAL of Disbursements This Page (optional)				▶		•	• •	7	9990	7.01	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) (chec	LINE NUMBER: PAGE 11 / 24 k only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	b 22 23 24 25 26 7 X 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION	I FEDERAL POLITICAL ACTION	FUND
Full Name (Last, First, Middle Initial) AD FOX MEMORIAL HOSPITAL Mailing Address ONE NORTON AVENUE		Transaction ID: SB28A.5927 Date of Disbursement O 4 D D D V Y Y O O 8
ONEONTA	State Zip Code NY 13820	Amount of Each Disbursement this Period
Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION		247.96
Candidate Name	Category Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	•	247.96
TOTAL This Period (last page this line number only)	•	247.96

SCHEDULE B (FEC Form	' Use s	eparate schedule(s)		NUMBER: PAGE 12 / 24
TEMIZED DISBURSEMEI	Detaile	ch category of the ed Summary Page	(check only 21b 27	22 23 24 25 2 28a 28b 28c X 29
Any Information copied from such Report or for commercial purposes, other than us				
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES II				
Full Name (Last, First, Middle Initial) 1199 HOMECARE FEDERAL				Transaction ID: SB29.5852 Date of Disbursement
Mailing Address 330 WEST 42	ND STREET			$\begin{bmatrix}\begin{smallmatrix}M&A&M\\O&A&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D&D\\O&B\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\D&O&B&Y\end{smallmatrix}\end{bmatrix}$
City NEW YORK	State NY	Zip Code 10036		Amount of Each Disbursement this Period
Purpose of Disbursement REFUND OF DEPOSIT INTO WRO	NG ACCOUNT			66.00
Candidate Name			Category/ Type	
Office Sought: House Senate President	Disbursement Fo			
State: District: Full Name (Last, First, Middle Initial)				Transaction ID: SB29,5887
1199 SEIU				Date of Disbursement
Mailing Address 330 WEST 42	ND STREET			06 02 2008
City NEW YORK	State NY	Zip Code 10036		Amount of Each Disbursement this Period
Purpose of Disbursement REFUND OF DEPOSIT INTO WRO	NG ACCOUNT			180.00
Candidate Name			Category/ Type	
Office Sought: House Senate President State: District:	Disbursement For Primary Other (s			
Full Name (Last, First, Middle Initial) COMMERCE BANK	•			Transaction ID: SB29.5925 Date of Disbursement
Mailing Address 1710 ROUTE	70 EAST			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} M & G \\ O & G \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ O & O & G \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ O & O & G \end{smallmatrix} \end{bmatrix} $
City CHERRY HILL	State NJ	Zip Code 08034		Amount of Each Disbursement this Period
Purpose of Disbursement BANK CHARGES Candidate Name			Catagory	65.26
	15		Category/ Type	
Office Sought: House Senate	Disbursement Fo			
President	Other (s	specify)		
		· · · · · · · · · · · · · · · · · · ·		311.26

SCHEDULE B (FEC Form 3X)

		Use separate schedule(s) (check of	NE NUMBER: PAGE 13 / 24 pnly one)
ΙT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page 21b 27	_ ′
	y Information copied from such Reports and Stater or commercial purposes, other than using the name NAME OF COMMITTEE (In Full)		
\rangle	1199 SERVICE EMPLOYEES INT'L UNIC	N FEDERAL POLITICAL ACTION F	UND
	Full Name (Last, First, Middle Initial) JOSHUA GOLD		Transaction ID: SB29.5886 Date of Disbursement
	Mailing Address 99 SOUNDVIEW AVEN	UE	05 M / D2 D / Y Y Y 0 N 8 Y
	City WHITE PLAINS	State Zip Code NY 10606	Amount of Each Disbursement this Period
	Purpose of Disbursement REIMBURSEMENT FOR TRAVEL & SUPPLIES		100.00
	Candidate Name	Category/ Type	
	Senate President	ement For: Primary General Other (specify) ▼	
	State: District: Full Name (Last, First, Middle Initial) JOSE GUSTAVO RIVERA		Transaction ID: SB29.5850 Date of Disbursement
	Mailing Address 2751 UNIVERSITY AVE APT. 2C	NUE	M 4 M / D D / Y 2 0 0 8 Y
	City BRONX	State Zip Code NY 10468	Amount of Each Disbursement this Period
	Purpose of Disbursement FIELD CONSULTING		1000.00
	Candidate Name	Category/ Type	
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	
	Full Name (Last, First, Middle Initial) JOSE GUSTAVO RIVERA		Transaction ID: SB29.5855 Date of Disbursement
	Mailing Address 2751 UNIVERSITY AVE APT. 2C	NUE	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City BRONX	State Zip Code NY 10468	Amount of Each Disbursement this Period
	Purpose of Disbursement FIELD CONSULTING		3428.55
	Candidate Name	Category/ Type	
	Office Sought: Senate President State: Disburs Disburs	ement For: Primary General Other (specify) ▼	

	00115011150750					
;	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		LINE NUMBER:		
	ITEMIZED DISBURSEMENTS	for each category of the	(cried	k only one)		
		Detailed Summary Page		1b 22 23	24 25 26	
-			2		74 - 1	
	Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or use e and address of any politica	d by any pe I committee	rson for the purpose of to solicit contributions	soliciting contributions from such committee	
	NAME OF COMMITTEE (In Full)					
	1199 SERVICE EMPLOYEES INT'L UNIO	N FEDERAL POLITICAL	_ ACTION	FUND		
	Full Name (Last, First, Middle Initial)			Transaction I	D : SB29.5880	
Α.	PATTI LIPPOLD			Date of Disbur	rsement	
	Mailing Address 42 FARM ROAD	0 4	$\begin{array}{cccccccccccccccccccccccccccccccccccc$			
	7	State Zip Code		Amount of Eac	ch Disbursement this Period	
	EAST GREENBUSH	NY 12061			• • • • • • • • •	
	Purpose of Disbursement REIMBURSEMENT FOR TRAVEL EXPENSES		7	201.80		
	Candidate Name		Category Type	1/		
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)				
-						
В.	Full Name (Last, First, Middle Initial) SEIU COMMUNICATIONS CENTER INC.			Date of Disbur		
	Mailing Address 330 WEST 42ND STREE	0 4 1	0 7 2 0 8 4			
	City NEW YORK	State Zip Code NY 10036		Amount of Eac	ch Disbursement this Period	
	Purpose of Disbursement PHONE BANKING				200000.00	
	Candidate Name BARACK OBAMA		Category Type	1		
	Office Sought: House Disburse	ement For: 2008	•			
		Primary General				
	χ President	Other (specify)				
	State: OH District:					

		200201.80
SUBTOTAL of Disbursements This Page (optional)		200201.00
TOTAL This Period (last page this line number only)	•	205041.61

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

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

PAGE 15 / 24 FOR LINE NUMBER: 9 (check only one)

X 10

Excl	luding	Loans
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1199 SERVICE EMPLOYEES	I'TNI	UNION FEDERAL	POLITICAL	ACTION FU	ND
1100 OLITAIOL LIVII LOTELO	11 4 1 1		OLI 10/1	7101101110	110

1199 SERVICE EMPL		N FEDERAL POLITICAL ACTION FUN	D
,	irst, Middle Initial) of Deb D HEALTHCARE WO		Nature of Debt (Purpose): REIMB.FOR SALARIES PER DI- EM EXPENSES
Mailing Address 330	WEST 42ND STREI		
City NEW YORK	State NY	ZIP Code 10036	
Outstanding Balanc	e Beginning This Period		Transaction ID: SD10.5776
	118021.91		
Amount Incu	rred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	118021.91
	irst, Middle Initial) of Deb D HEALTHCARE WO		Nature of Debt (Purpose): REIMB.FOR SALARIES PER DI- EM EXPENSES
Mailing Address 330	WEST 42ND STREE	ET	
City NEW YORK	State NY	ZIP Code 10036	
Outstanding Balanc	e Beginning This Period		Transaction ID: SD10.5777
	37500.35		
Amount Incu	rred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	37500.35
	irst, Middle Initial) of Deb D HEALTHCARE WO		Nature of Debt (Purpose): REIMB.FOR SALARIES PER DI- EM EXPENSES
Mailing Address 330	WEST 42ND STREE	ET	
City NEW YORK	State NY	ZIP Code 10036	
Outstanding Balanc	e Beginning This Period		Transaction ID: SD10.5778
	8689.87		
Amount Incu	rred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	8689.87
1) SUBTOTALS This F	Period This Page (optiona	J)	164212.13
2) TOTALS This Period	(last page this line numb	er only)	>
3) TOTAL OUTSTANDII	NG LOANS from Sche	edule C (last page only)	>
4) ADD 2) and 3) and c	arry forward to appropria	te line of Summary Page (last page only)	>

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

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

PAGE 16 / 24 FOR LINE NUMBER: 9 (check only one) X 10

Excluding Loans

		DOLUTION	
1199 SERVICE EMPLOYEES INT	L UNION FEDERAL	. POLITICAL	ACTION FUND

1199 SERVICE EMPLOYE	•	FEDERAL POLITICAL ACTION FUNI	0
A. Full Name (Last, First, M 1199 SEIU UNITED HEA			Nature of Debt (Purpose): REIMB.FOR SALARIES PER DI- EM EXPENSES
Mailing Address 330 WE	ST 42ND STREET		
City NEW YORK	State NY	ZIP Code 10036	-
Outstanding Balance Beg	inning This Period		Transaction ID: SD10.5779
	9511.33		
Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	9511.33
B. Full Name (Last, First, M 1199 SEIU UNITED HE			Nature of Debt (Purpose): REIMB.FOR SALARIES PER DI- EM EXPENSES
Mailing Address 330 WE	ST 42ND STREET	•	
City NEW YORK	State NY	ZIP Code 10036	
Outstanding Balance Beg	inning This Period		Transaction ID: SD10.5780
	3550.00		
Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	3550.00
C. Full Name (Last, First, M 1199 SEIU UNITED HE			Nature of Debt (Purpose): REIMB.FOR SALARIES PER DI- EM EXPENSES
Mailing Address 330 WE	ST 42ND STREET		
City NEW YORK	State NY	ZIP Code 10036	
Outstanding Balance Beg	inning This Period		Transaction ID: SD10.5781
	9299.90		
Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	0.00	9299.90
1) SUBTOTALS This Period	This Page (optional)		▶ 22361.23
2) TOTALS This Period (last p	page this line number	only)	>
3) TOTAL OUTSTANDING LO	DANS from Schedu	ule C (last page only)	>
4) ADD 2) and 3) and carry fe	orward to appropriate	line of Summary Page (last page only)	>

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

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

PAGE 17 / 24 FOR LINE NUMBER: (check only one) 9 X 10

Excluding Loans

1199 SERVICE EMPL	OYFES INT'I	UNION FEDERAL	POLITICAL	ACTION FUND
TIOS OLITAIOL LIVII I			. 1 OLITIO/\L	ACTION OND

	ME OF COMMITTEE 99 SERVICE EMPL	'	EDERAL POLITICAL ACTION FUNI)	
		irst, Middle Initial) of Debtor D HEALTHCARE WORK	Nature of Debt (Purpose): REIMB. FOR SALARIES PER DIEM EXPENSES		
	Mailing Address 330	WEST 42ND STREET			
	City NEW YORK	State NY	ZIP Code 10036		
	Outstanding Balanc	e Beginning This Period	Transaction ID: SD10.5919		
	0.00				
	Amount Incu	rred This Period	Payment This Period	Outstanding Balance at Close of This Period	
		133826.46	0.00	133826.46	
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMB. STAFF SALARIES PER DIEM EXPENSES	
	Mailing Address 330	WEST 42ND STREET			
	City NEW YORK	State NY	ZIP Code 10036		
	Outstanding Balanc	e Beginning This Period		Transaction ID: SD10.5920	
		0.00			
	Amount Incu	rred This Period	Payment This Period	Outstanding Balance at Close of This Period	
		73801.15	0.00	73801.15	
	, ,	irst, Middle Initial) of Debtor D HEALTHCARE WORK		Nature of Debt (Purpose): REIMB.STAFF SALARIES PER DIEM EXPENSES	
	Mailing Address 330	WEST 42ND STREET			
	City NEW YORK	State NY	ZIP Code 10036		
	Outstanding Balanc	e Beginning This Period		Transaction ID: SD10.5921	
		0.00			
	Amount Incu	rred This Period	Payment This Period	Outstanding Balance at Close of This Period	
		55148.71	0.00	55148.71	
1)	SUBTOTALS This P	eriod This Page (optional)		▶ 262776.32	
2)	TOTALS This Period	(last page this line number of	only)	>	
3)	TOTAL OUTSTANDI	NG LOANS from Schedu	le 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)

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

PAGE 18 / 24 FOR LINE NUMBER: (check only one) 9 X 10

DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

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

1199 SERVICE E	` ,	EDERAL POLITICAL ACTION FUN	D	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMB.STAFF SALARIES PER DIEM EXPENSES	
Mailing Address	330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036		
Outstanding B	Balance Beginning This Period		Transaction ID: SD10.5922	
	0.00			
Amoun	nt Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	3785.16	0.00	3785.16	
	ast, First, Middle Initial) of Debtor of INICATIONS CENTER INC.	or Creditor	Nature of Debt (Purpose): REIMB.FOR SALARIES PER DI- EM EXPENSES	
Mailing Address	330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036		
Outstanding B	Balance Beginning This Period		Transaction ID: SD10.5775	
	200000.00			
Amoun	nt Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
	0.00	200000.00	0.00	
•			3785.16	
2) TOTALS This P	Period (last page this line number or	nly)	453134.84	
3) TOTAL OUTST	ANDING LOANS from Schedule	e C (last page only)	0.00	
4) ADD 2) and 3)	and carry forward to appropriate lin	ne of Summary Page (last page only)	453134.84	

TEMIZED INDEPENDENT EXPENDITURES	PAGE 19 / 24
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC-	FEC IDENTIFICATION NUMBER
AL ACTION FUND Check if 24-hour notice 48-hour notice	C C00348540
	Date
Full Name (Last, First, Middle, Initial) of Payee 1199 SEIU UNITED HEALTHCARE WORKERS EAST	
	04 / 06 / 7 7 7 7
Mailing Address 330 WEST 42ND STREET	Amount
330 WEST 42ND STILLT	134062.67
City State Zip Code	Transaction ID: SE.5745
NEW YORK NY 10036	Office Sought: House State: PA
Purpose of Expenditure Category/	Senate District:
REIMB.STAFF SALARIES PER DIEM EXPENSES Type	X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	
	Disbursement For: X Primary General
Calendar Year-To-Date Per Election 145870.67	Other (specify) : 2008
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
1199 SEIU UNITED HEALTHCARE WORKERS EAST	
	04 / 09 / 4 2008
Mailing Address 330 WEST 42ND STREET	Amount
330 WEST 42ND STREET	8749.99
City State Zip Code	Transaction ID: SE.5749
NEW YORK NY 10036	Office Sought: House State: PA
Purpose of Expenditure Category/	Senate District:
REIMB.STAFF SALARIES PER DIEM EXPENSES Type	X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	
	Disbursement For: X Primary General
Calendar Year-To-Date Per Election 154620.66	Other (specify) : 2008
for Office Sought	
-	
(a) SUBTOTAL of Itemized Independent Expenditures	142812.66
(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 or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the	
committee) any political party committee or its agent.	
M " M	D D Y Y Y Y
PATRICK GASPARD Date 0.7	15 2008
Signature	

TEMIZED INDEPENDENT EXPENDITURES	PAGE 20 / 24
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC-	FEC IDENTIFICATION NUMBER
AL ACTION FUND	C C00348540
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
1199 SEIU UNITED HEALTHCARE WORKERS EAST	04 / 15 / Y Y Y Y
Mailing Address	Amount
330 WEST 42ND STREET	9536.00
City State Zip Code	Transaction ID: SE.5786
NEW YORK NY 10036	Office Sought: House State: PA
Purpose of Expenditure	Senate District:
DEIMB FOR SALARIES	X Presidential
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA	Check One: X Support Oppose
DARACK ODAIVIA	Disbursement For: X Primary General
	Other (specify) :
Calendar Year-To-Date Per Election 164156.66	2008
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
1199 SEIU UNITED HEALTHCARE WORKERS EAST	0 4 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	Amount
330 WEST 42ND STREET	
	630.36
City State Zip Code	Transaction ID: SE.5788
NEW YORK NY 10036	Office Sought: House State: PA
Purpose of Expenditure Category/	Senate District:
REIMB.FOR SALARIES PER DIEM EXPENSES Type	X Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
BARACK OBAMA	
	Disbursement For: X Primary General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	2008
(a) SUBTOTAL of Itemized Independent Expenditures	10166.36
(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	de 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.	
PATRICK GASPARD Date 0 7	15 2008
Signature	. 5

TEMIZED INDEPENDENT EX	PENDITURES			PAGE 21 / 24 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			1	
NAME OF COMMITTEE (ITT FUII) 1199 SERVICE EMPLOYEES INT'L UNION F AL ACTION FUND	FEDERAL POLITIC-			C C00348540
Check if 24-hour notice 48-	hour notice			G costs its is
Full Name (Last, First, Middle, Initial) of Pa			Date	
1199 SEIU UNITED HEALTHCARE WOF			M M /	18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 330 WEST 42ND STREET			Amount	6706.04
				6786.94
City	State Zip	Code	Transaction	n ID: SE.5793
NEW YORK	•	036	Office Sought	t: House State: PA
Purpose of Expenditure REIMB FOR SALARIES PER DIEM EXPENSES	Category Type			Senate District: X Presidential
Name of Federal Candidate supported or C BARACK OBAMA	pposed by expenditure:		Check One:	X Support Oppose
BARACK OBAWA			Disbursemen	t For: X Primary General
			Othe	er (specify):
Calendar Year-To-Date Per Election for Office Sought	1715	73.96	2008	· · · //
Full Name (Last, First, Middle, Initial) of Pa	yee		Date	
1199 SEIU UNITED HEALTHCARE WOR	RKERS EAST		0 4	22 / Y Y Y Y Y Y Y
Mailing Address			Amount	
330 WEST 42ND STREET			Transaction	785.17 n ID: SE.5806
City NEW YORK		Code 036	Office Sought	
Purpose of Expenditure				Senate District:
REIMB STAFF SALARIES PER DIEM EXPENSES	Category Type			X Presidential
Name of Federal Candidate supported or C	pposed by expenditure:		Check One:	X Support Oppose
BARACK OBAMA			Disbursement	t For: X Primary General
			Othe	er (specify) :
Calendar Year-To-Date Per Election for Office Sought	1724	74.13	2008	, , , ,
(a) SUBTOTAL of Itemized Independent Expe	enditures			7572.11
(b) SUBTOTAL of Unitemized Independent E	xpenditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate o committee) any political party committee or its age	r authorized committee or agent			
DATRICK CACRARD		N°M		Y " Y " Y " Y
PATRICK GASPARD Signature		Date 0.7	15	2008
- 0				

TEMIZED INDEPENDENT EXP	PENDITURES			PAGE 22 / 24
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FE AL ACTION FUND	EDERAL POLITIC-			C C00348540
	our notice			C 000040040
Full Name (Last, First, Middle, Initial) of Paye			I Date	
SEIU COMMUNICATIONS CENTER INC.			M M /	07 / Y Y Y Y Y Y Y
Mailing Address			Amount	
330 WEST 42ND STREET				141253.11
City	State Zip Co	de		n ID: SE.5907
NEW YORK	NY 10036		Office Sought	t: House State: OH
Purpose of Expenditure PHONE BANKING	Category/ Type			Senate District: X Presidential
Name of Federal Candidate supported or Op	posed by expenditure:		Check One:	X Support Oppose
BAHAON OBAWA			Disbursement	t For: X Primary General
Odersto Vers To Data Des Florifica			Othe	er (specify) :
Calendar Year-To-Date Per Election for Office Sought	188927	.28	2008	
Full Name (Last, First, Middle, Initial) of Paye	ee		Date	
SEIU COMMUNICATIONS CENTER INC.			0 4	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
330 WEST 42ND STREET			Transaction	167.50 n ID: SE.5826
City	State Zip Co			
NEW YORK	NY 10036	3	Office Sought	t: House State: PA Senate District:
Purpose of Expenditure	Category/			X Presidential
PHONE BANKING	Туре			
Name of Federal Candidate supported or Op	posed by expenditure:		Check One:	X Support Oppose
BARACK OBAMA			Dishursamant	t For: X Primary General
				er (specify):
Calendar Year-To-Date Per Election for Office Sought	172682	.13	2008	er (specify)
(a) SUBTOTAL of Itemized Independent Exper	nditures			141420.61
(b) SUBTOTAL of Unitemized Independent Ex	nenditures			
(b) CODICE OF CHIROMIZED INDOPERIOR EX	30 Taltar 30			
(c) TOTAL Independent Expenditures			. L.	
Under penalty of perjury I certify that the independe or at the request or suggestion of, any candidate or committee) any political party committee or its agent	authorized committee or agent of e			
		M M	D D	Y ' Y ' Y ' Y '
PATRICK GASPARD	Da	te 0,7		2008
Signature				

ITEMIZED INDEPENDENT EXPEND	PAGE 23 / 24 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL AL ACTION FUND	POLITIC-	C C00348540	
Check if 24-hour notice 48-hour notice	е		
Full Name (Last, First, Middle, Initial) of Payee		Date	
UNION TRAVEL MASTERCARD		04 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address P.O. BOX 88000		Amount	
P.O. BOX 88000		115.00	
City	State Zip Code	Transaction ID: SE.5794	
BALTIMORE	MD 21288	Office Sought: House State: PA Senate District:	
Purpose of Expenditure TRAVEL EXPENSES	Category/ Type	Senate District: X Presidential	
Name of Federal Candidate supported or Opposed by	y expenditure:	Check One: X Support Oppose	
BARACK OBAMA		Disbursement For: X Primary General	
Calendar Year-To-Date Per Election		Other (specify) :	
for Office Sought	171688.96	2008	
Full Name (Last, First, Middle, Initial) of Payee		Date M M / D D / Y Y Y Y	
UNION TRAVEL MASTERCARD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address P.O. BOX 88000		Amount	
F.O. BOX 66000		40.50	
City	State Zip Code	Transaction ID: SE.5808	
BALTIMORE	MD 21288	Office Sought: House State: PA	
Purpose of Expenditure	Category/	Senate District: X Presidential	
TRAVEL EXPENSES	Type		
Name of Federal Candidate supported or Opposed by	y expenditure:	Check One: X Support Oppose	
BARACK OBAMA		Disbursement For: X Primary General	
		Other (specify) :	
Calendar Year-To-Date Per Election	172514.63	2008	
for Office Sought			
(a) SUBTOTAL of Itemized Independent Expenditures .		155.50	
(b) SUBTOTAL of Unitemized Independent Expenditure	9S		
(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.			
PATRICK GASPARD	Date 07	15 2008	
Signature			

TEMIZED INDEPENDENT EXP	PENDITURES			PAGE 24 / 24 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER
1199 SERVICE EMPLOYEES INT'L UNION FE AL ACTION FUND	EDERAL POLITIC-			C00348540
Check if 24-hour notice 48-h	our notice			
Full Name (Last, First, Middle, Initial) of Paye	ее		Date	
UNION TRAVEL MASTERCARD			0 4	22 / Y Y Y Y Y Y Y
Mailing Address			Amount	
P.O. BOX 88000				319.50
City	State	Zip Code	Transaction II	D: SE.5828
BALTIMORE	MD	21288	Office Sought:	House State: PA
Purpose of Expenditure TRAVEL EXPENSES		gory/ Type		X Presidential
Name of Federal Candidate supported or Op	posed by expenditure:		Check One:	X Support Oppose
BARACK OBAMA			Disbursement F	or: X Primary General
Calendar Year-To-Date Per Election for Office Sought		73001.63	Other (2008	specify) :
-			L	

(a) SUBTOTAL of Itemized Independent Expenditures		319.50
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		302446.74
Under penalty of perjury I certify that the independent expenditures reported here or at the request or suggestion of, any candidate or authorized committee or age committee) any political party committee or its agent.	•	
PATRICK GASPARD Signature	Date 0 7 1	5 2008