

# 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** 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 04 01 2008 through 06 30 2008

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 PATRICK GASPARD

Signature of Treasurer Electronically Filed by PATRICK GASPARD Date 07 15 2008

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							
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**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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		347775.25
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning 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								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	453134.84									

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**

Write or Type Committee Name  
1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	700.00	700.00
(i) Itemized (use Schedule A) .....		
(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) .....	0.00	0.00
(d) Total Contributions (add Lines 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 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)) .....	1557869.13	3132565.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1557869.13	3132565.95

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	655.00	655.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	655.00	655.00
22. Transfers to Affiliated/Other Party Committees.....	799907.01	2159530.01
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	302446.74	630034.89
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 .....	247.96	529.96
(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)) .....	247.96	529.96
29. Other Disbursements.....	205041.61	208125.83
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))..	1308298.32	2998875.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1308298.32	2998875.69

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) MITRA BEHROOZI		Date of Receipt	
	Mailing Address 123 LINCOLN PLACE		M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5835
	BROOKLYN	NY	11217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		150.00	
Name of Employer NATIONAL BENEFIT FUND-1199		Occupation EXECUTIVE DIRECTOR		PAYROLL DEDUCTION OF \$150 PER MONTH
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MITRA BEHROOZI		Date of Receipt	
	Mailing Address 123 LINCOLN PLACE		M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5836
	BROOKLYN	NY	11217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		150.00	
Name of Employer NATIONAL BENEFIT FUND-1199		Occupation EXECUTIVE DIRECTOR		PAYROLL DEDUCTION OF \$150 PER MONTH
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		450.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MITRA BEHROOZI		Date of Receipt	
	Mailing Address 123 LINCOLN PLACE		M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5837
	BROOKLYN	NY	11217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		150.00	
Name of Employer NATIONAL BENEFIT FUND-1199		Occupation EXECUTIVE DIRECTOR		PAYROLL DEDUCTION OF \$150 PER MONTH
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MAUREEN ESTWICK		Date of Receipt
	Mailing Address 1681 E 53RD STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2008
	City	State	Zip Code
	BROOKLYN	NY	11234
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5839
Name of Employer MAIMONIDES MEDICAL CENTER		Occupation PATIENT CARE TECHNICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 60.00
			PAYROLL DEDUCTION OF \$60 PER MONTH

<b>B.</b>	Full Name (Last, First, Middle Initial) ROSEMARIE GLOVER		Date of Receipt
	Mailing Address 2915 CLUTE ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 30 / 2008
	City	State	Zip Code
	CORTLAND	NY	13045
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5841
Name of Employer COMMUNITY GENERAL HOSPITAL		Occupation REGISTERED NURSE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 40.00
			PAYROLL DEDUCTION OF \$40 PER MONTH

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHAEL JOSEPH		Date of Receipt
	Mailing Address 13202 115TH AVENUE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 31 / 2008
	City	State	Zip Code
	SOUTH OZONE PARK	NY	11420
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5843
Name of Employer FRANKLIN NURSING HOME		Occupation KITCHEN HELPER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 50.00
			PAYROLL DEDUCTION OF \$50 PER MONTH

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 150.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 / 24  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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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)  
COLLEEN KOCHMAN

Mailing Address 155 FORREST WAY

City State Zip Code  
CAMILLUS NY 13031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
COMMUNITY GENERAL HOSPITAL REGISTERED NURSE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2008

**Transaction ID:** SA11AI.5845

Amount of Each Receipt this Period  
45.00

PAYROLL DEDUCTION OF \$45 PER MONTH

**B.** Full Name (Last, First, Middle Initial)  
STACEY MILLMAN

Mailing Address 289 MANNING BLVD.

City State Zip Code  
ALBANY NY 12206-1425

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NATIONAL BENEFIT FUND-1199 COMMUNICATIONS DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2008

**Transaction ID:** SA11AI.5847

Amount of Each Receipt this Period  
55.00

PAYROLL DEDUCTION OF \$55 PER MONTH

**SUBTOTAL** of Receipts This Page (optional) ..... ► **100.00**

**TOTAL** This Period (last page this line number only) ..... ► **700.00**



**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)

PAGE 9 / 24

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

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NAME OF COMMITTEE (In Full)

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

A.

Full Name (Last, First, Middle Initial)  
HOROWITZ & ULLMANN, P.C.

Mailing Address 275 MADISON AVENUE  
SUITE 902

City State Zip Code  
NEW YORK NY 10016

Purpose of Disbursement  
ACCOUNTING FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.5881

Date of Disbursement

/   /

Amount of Each Disbursement this Period

655.00

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

655.00

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

655.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) SEIU COPE FUND</p> <p>Mailing Address 1313 L STREET, NW</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement TRANSFER</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB22.5848</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="282253.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) SEIU COPE FUND</p> <p>Mailing Address 1313 L STREET, NW</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement TRANSFER</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB22.5849</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="346772.01"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) SEIU COPE FUND</p> <p>Mailing Address 1313 L STREET, NW</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement TRANSFER</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB22.5923</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="170882.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="799907.01"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="799907.01"/>

# 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)

PAGE 11 / 24

<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)  
AD FOX MEMORIAL HOSPITAL

Mailing Address ONE NORTON AVENUE

City ONEONTA State NY Zip Code 13820

Purpose of Disbursement  
REFUND OF UNITEMIZED CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB28A.5927

Date of Disbursement

04 / 23 / 2008

Amount of Each Disbursement this Period

247.96

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

247.96

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

247.96

# 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)

PAGE 12 / 24

<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

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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) 1199 HOMECARE FEDERAL	Transaction ID: SB29.5852 Date of Disbursement MM / DD / YYYY 04 / 08 / 2008
	Mailing Address 330 WEST 42ND STREET	Amount of Each Disbursement this Period 66.00
	City NEW YORK State NY Zip Code 10036	
	Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) 1199 SEIU	Transaction ID: SB29.5887 Date of Disbursement MM / DD / YYYY 06 / 02 / 2008
	Mailing Address 330 WEST 42ND STREET	Amount of Each Disbursement this Period 180.00
	City NEW YORK State NY Zip Code 10036	
	Purpose of Disbursement REFUND OF DEPOSIT INTO WRONG ACCOUNT	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) COMMERCE BANK	Transaction ID: SB29.5925 Date of Disbursement MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 1710 ROUTE 70 EAST	Amount of Each Disbursement this Period 65.26
	City CHERRY HILL State NJ Zip Code 08034	
	Purpose of Disbursement BANK CHARGES	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>311.26</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>JOSHUA GOLD</b> <hr/> Mailing Address <b>99 SOUNDVIEW AVENUE</b> <hr/> City <b>WHITE PLAINS</b> State <b>NY</b> Zip Code <b>10606</b> Purpose of Disbursement <b>REIMBURSEMENT FOR TRAVEL &amp; SUPPLIES</b> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: SB29.5886</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">100.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	2	2	/	2	0	0	8	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5	/	2	2	/	2	0	0	8														
100.00																							
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>JOSE GUSTAVO RIVERA</b> <hr/> Mailing Address <b>2751 UNIVERSITY AVENUE APT. 2C</b> <hr/> City <b>BRONX</b> State <b>NY</b> Zip Code <b>10468</b> Purpose of Disbursement <b>FIELD CONSULTING</b> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: SB29.5850</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	1	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4	/	0	1	/	2	0	0	8														
1000.00																							
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>JOSE GUSTAVO RIVERA</b> <hr/> Mailing Address <b>2751 UNIVERSITY AVENUE APT. 2C</b> <hr/> City <b>BRONX</b> State <b>NY</b> Zip Code <b>10468</b> Purpose of Disbursement <b>FIELD CONSULTING</b> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: SB29.5855</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">3428.55</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	6	/	2	0	0	8	3428.55
M	M	/	D	D	/	Y	Y	Y	Y														
0	4	/	1	6	/	2	0	0	8														
3428.55																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4528.55</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**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)

PAGE 14 / 24

<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

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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) PATTI LIPPOLD	Transaction ID: SB29.5880
	Mailing Address 42 FARM ROAD	Date of Disbursement MM / DD / YYYY 04 / 08 / 2008
	City EAST GREENBUSH State NY Zip Code 12061	Amount of Each Disbursement this Period 201.80
	Purpose of Disbursement REIMBURSEMENT FOR TRAVEL EXPENSES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) SEIU COMMUNICATIONS CENTER INC.	Transaction ID: SB29.5904
	Mailing Address 330 WEST 42ND STREET	Date of Disbursement MM / DD / YYYY 04 / 07 / 2008
	City NEW YORK State NY Zip Code 10036	Amount of Each Disbursement this Period 200000.00
	Purpose of Disbursement PHONE BANKING	Category/ Type
	Candidate Name BARACK OBAMA	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: OH District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

200201.80

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

205041.61

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			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 Balance Beginning This Period <input type="text" value="118021.91"/>		<b>Transaction ID:</b> SD10.5776	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="118021.91"/>	

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			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 Balance Beginning This Period <input type="text" value="37500.35"/>		<b>Transaction ID:</b> SD10.5777	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="37500.35"/>	

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			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 Balance Beginning This Period <input type="text" value="8689.87"/>		<b>Transaction ID:</b> SD10.5778	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="8689.87"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="164212.13"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 16 / 24
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	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 Balance Beginning This Period 9511.33	<b>Transaction ID: SD10.5779</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9511.33

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	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 Balance Beginning This Period 3550.00	<b>Transaction ID: SD10.5780</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3550.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	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 Balance Beginning This Period 9299.90	<b>Transaction ID: SD10.5781</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9299.90

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>22361.23</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> 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)

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMB. FOR SALARIES PER DIEM EXPENSES
Mailing Address 330 WEST 42ND STREET			
City	State	ZIP Code	
NEW YORK	NY	10036	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID:</b> SD10.5919	
Amount Incurred This Period <input type="text" value="133826.46"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="133826.46"/>	

<b>B.</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	State	ZIP Code	
NEW YORK	NY	10036	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID:</b> SD10.5920	
Amount Incurred This Period <input type="text" value="73801.15"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="73801.15"/>	

<b>C.</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	State	ZIP Code	
NEW YORK	NY	10036	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID:</b> SD10.5921	
Amount Incurred This Period <input type="text" value="55148.71"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="55148.71"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	<input type="text" value="262776.32"/>
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 18 / 24
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

<b>A.</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 State ZIP Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.5922</b>	
Amount Incurred This Period 3785.16	Payment This Period 0.00	Outstanding Balance at Close of This Period 3785.16

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor SEIU COMMUNICATIONS CENTER INC.	Nature of Debt (Purpose): REIMB.FOR SALARIES PER DI-EM EXPENSES
Mailing Address 330 WEST 42ND STREET	
City State ZIP Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period 200000.00	<b>Transaction ID: SD10.5775</b>	
Amount Incurred This Period 0.00	Payment This Period 200000.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	3785.16
2) <b>TOTALS</b> This Period (last page this line number only).....	453134.84
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	453134.84

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

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00348540
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  
M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 8

Mailing Address  
330 WEST 42ND STREET

Amount  
134062.67

City State Zip Code  
NEW YORK NY 10036

**Transaction ID:** SE.5745

Purpose of Expenditure  
REIMB STAFF SALARIES  
PER DIEM EXPENSES

Category/  
Type

Office Sought:  House State: PA  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 145870.67

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
1199 SEIU UNITED HEALTHCARE WORKERS EAST

Date  
M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 8

Mailing Address  
330 WEST 42ND STREET

Amount  
8749.99

City State Zip Code  
NEW YORK NY 10036

**Transaction ID:** SE.5749

Purpose of Expenditure  
REIMB STAFF SALARIES  
PER DIEM EXPENSES

Category/  
Type

Office Sought:  House State: PA  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 154620.66

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	142812.66
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	_____
(c) <b>TOTAL</b> 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  
Signature

Date M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 0 8

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

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	FEC IDENTIFICATION NUMBER <b>C</b> C00348540
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  
M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Mailing Address  
330 WEST 42ND STREET

Amount  
9536.00

City State Zip Code  
NEW YORK NY 10036

Transaction ID: SE.5786

Purpose of Expenditure  
REIMB FOR SALARIES  
PER DIEM EXPENSES

Category/  
Type

Office Sought:  House State: PA  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 164156.66

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
1199 SEIU UNITED HEALTHCARE WORKERS EAST

Date  
M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Mailing Address  
330 WEST 42ND STREET

Amount  
630.36

City State Zip Code  
NEW YORK NY 10036

Transaction ID: SE.5788

Purpose of Expenditure  
REIMB FOR SALARIES  
PER DIEM EXPENSES

Category/  
Type

Office Sought:  House State: PA  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 164787.02

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
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 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  
Signature

Date M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 0 8

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

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC-AL ACTION FUND	<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00348540
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

Mailing Address  
330 WEST 42ND STREET

City State Zip Code  
NEW YORK NY 10036

Purpose of Expenditure  
REIMB FOR SALARIES PER DIEM EXPENSES

Category/Type

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought 171573.96

Date  
MM / DD / YYYY  
04 / 18 / 2008

Amount  
6786.94

Transaction ID: SE.5793

Office Sought:  House State: PA  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
1199 SEIU UNITED HEALTHCARE WORKERS EAST

Mailing Address  
330 WEST 42ND STREET

City State Zip Code  
NEW YORK NY 10036

Purpose of Expenditure  
REIMB STAFF SALARIES PER DIEM EXPENSES

Category/Type

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought 172474.13

Date  
MM / DD / YYYY  
04 / 22 / 2008

Amount  
785.17

Transaction ID: SE.5806

Office Sought:  House State: PA  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	7572.11
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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  
Signature

Date MM / DD / YYYY  
07 / 15 / 2008

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

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00348540
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
SEIU COMMUNICATIONS CENTER INC.

Date  
M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

Mailing Address  
330 WEST 42ND STREET

Amount  
141253.11

City State Zip Code  
NEW YORK NY 10036

**Transaction ID:** SE.5907  
Office Sought:  House State: OH  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure Category/Type  
PHONE BANKING

Check One:  Support  Oppose

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Calendar Year-To-Date Per Election for Office Sought  
188927.28

Full Name (Last, First, Middle, Initial) of Payee  
SEIU COMMUNICATIONS CENTER INC.

Date  
M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 8

Mailing Address  
330 WEST 42ND STREET

Amount  
167.50

City State Zip Code  
NEW YORK NY 10036

**Transaction ID:** SE.5826  
Office Sought:  House State: PA  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure Category/Type  
PHONE BANKING

Check One:  Support  Oppose

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Calendar Year-To-Date Per Election for Office Sought  
172682.13

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	141420.61
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	_____
(c) <b>TOTAL</b> 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  
Signature

Date M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 0 8

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

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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

---

Mailing Address  
P.O. BOX 88000

---

City BALTIMORE	State MD	Zip Code 21288
Purpose of Expenditure TRAVEL EXPENSES		Category/ Type

---

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

---

Calendar Year-To-Date Per Election for Office Sought	171688.96
---	-----------

Date  

M M	/	D D	/	Y Y Y Y
0 4		1 8		2 0 0 8

Amount  
115.00

**Transaction ID:** SE.5794

Office Sought:  House State: PA  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2008

Full Name (Last, First, Middle, Initial) of Payee  
UNION TRAVEL MASTERCARD

---

Mailing Address  
P.O. BOX 88000

---

City BALTIMORE	State MD	Zip Code 21288
Purpose of Expenditure TRAVEL EXPENSES		Category/ Type

---

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

---

Calendar Year-To-Date Per Election for Office Sought	172514.63
---	-----------

Date  

M M	/	D D	/	Y Y Y Y
0 4		2 2		2 0 0 8

Amount  
40.50

**Transaction ID:** SE.5808

Office Sought:  House State: PA  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2008

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	155.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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  
 Signature

Date 

M M	/	D D	/	Y Y Y Y
0 7		1 5		2 0 0 8

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

NAME OF COMMITTEE (In Full) 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITIC- AL ACTION FUND		FEC IDENTIFICATION NUMBER <b>C</b> C00348540	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 8	
Full Name (Last, First, Middle, Initial) of Payee UNION TRAVEL MASTERCARD		Amount 319.50	
Mailing Address P.O. BOX 88000		Transaction ID: SE.5828	
City BALTIMORE	State MD	Zip Code 21288	Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential
Purpose of Expenditure TRAVEL EXPENSES		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought		173001.63	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	319.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	302446.74
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 Signature	Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8