

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) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 03 2009 in the State of NY

5. Covering Period 07 01 2009 through 11 23 2009

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

Type or Print Name of Treasurer KEVIN FINNEGAN

Signature of Treasurer Electronically Filed by KEVIN FINNEGAN Date 01 20 2010

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

January 19, 2010 Mr. Christopher J. Morse Pursuant to your letter dated December 16, 2009, please be advised as follows: The committee has taken a corrective action to request a refund from New Jersey Democratic State Committee in the amount of \$5000. In the future the committee will better attempt to coordinate with its affiliates to avoid making any excessive contributions. In addition, we have amended the report to correctly reflect the independent expenditures that were omitted on Schedule E (as MEMO) and Schedule D.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		822096.41
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	663482.55									
(c) Total Receipts (from Line 19)	2985637.45	6295113.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3649120.00	7117210.03								
7. Total Disbursements (from Line 31)	2879798.98	6347889.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	769321.02	769321.02								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	437403.40									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	8827.39	8977.39
(ii) Unitemized	2976033.36	6285306.44
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2984860.75	6294283.83
(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)	2984860.75	6294283.83
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.)	776.70	829.79
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))	2985637.45	6295113.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2985637.45	6295113.62

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3400.00	33679.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3400.00	33679.00
22. Transfers to Affiliated/Other Party Committees.....	2517049.00	3972034.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
24. Independent Expenditure (use Schedule E)	334311.83	2316427.07
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	190.00	391.10
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	190.00	391.10
29. Other Disbursements.....	14848.15	15357.84
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))..	2879798.98	6347889.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2879798.98	6347889.01

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	2984860.75	6294283.83
34. Total Contribution Refunds (from Line 28(d))	190.00	391.10
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2984670.75	6293892.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3400.00	33679.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3400.00	33679.00

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 7 / 95
	<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	

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

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

A.	Full Name (Last, First, Middle Initial) KAY ANDERSON	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 9 TOILSOME AVENUE	Transaction ID: SA11AI.6948
	City NORWALK State CT Zip Code 06851-2312	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$20
	Name of Employer SERVICE EMPLOYEES INT'L UNION Occupation ADMINISTRATIVE ASSISTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) BEVERLY BARRINGTON	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 673 ROCKAWAY PARKWAY	Transaction ID: SA11AI.6950
	City BROOKLYN State NY Zip Code 11236	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$20
	Name of Employer BROOKDALE HOSPITAL MEDICAL CTR Occupation CLERK, ADMITTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) LOUISE BAYER	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 84 WALNUT STREET	Transaction ID: SA11AI.6952
	City TEANECK State NJ Zip Code 07666-3931	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$100
	Name of Employer 1199 SEIU Occupation CHIEF FINANCIAL OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL 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 8 / 95
	<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	

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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) LOUISE BAYER		Date of Receipt
	Mailing Address 84 WALNUT STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 31 / 2009
	City	State	Zip Code
	TEANECK	NJ	07666-3931
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6953
Name of Employer 1199 SEIU		Occupation CHIEF FINANCIAL OFFICER	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 ▼ <input type="text"/> 350.00	<input type="text"/> 50.00
			PAYROLL DEDUCTION OF \$50

B.	Full Name (Last, First, Middle Initial) LOUISE BAYER		Date of Receipt
	Mailing Address 84 WALNUT STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2009
	City	State	Zip Code
	TEANECK	NJ	07666-3931
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6954
Name of Employer 1199 SEIU		Occupation CHIEF FINANCIAL OFFICER	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 ▼ <input type="text"/> 400.00	<input type="text"/> 50.00
			PAYROLL DEDUCTION OF \$50

C.	Full Name (Last, First, Middle Initial) LOUISE BAYER		Date of Receipt
	Mailing Address 84 WALNUT STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 31 / 2009
	City	State	Zip Code
	TEANECK	NJ	07666-3931
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6955
Name of Employer 1199 SEIU		Occupation CHIEF FINANCIAL OFFICER	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 ▼ <input type="text"/> 450.00	<input type="text"/> 50.00
			PAYROLL DEDUCTION OF \$50

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 150.00
TOTAL 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 9 / 95
(check only one)

<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

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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) MITRA BEHROOZI		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
Mailing Address 123 LINCOLN PLACE		Transaction ID: SA11AI.6957
City BROOKLYN	State NY	Zip Code 11217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer NATIONAL BENEFIT FUND-1199	Occupation EXECUTIVE DIRECTOR	PAYROLL DEDUCTION OF \$300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) MITRA BEHROOZI		Date of Receipt MM / DD / YYYY 08 / 31 / 2009
Mailing Address 123 LINCOLN PLACE		Transaction ID: SA11AI.6961
City BROOKLYN	State NY	Zip Code 11217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer NATIONAL BENEFIT FUND-1199	Occupation EXECUTIVE DIRECTOR	PAYROLL DEDUCTION OF \$300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

C.

Full Name (Last, First, Middle Initial) MITRA BEHROOZI		Date of Receipt MM / DD / YYYY 09 / 30 / 2009
Mailing Address 123 LINCOLN PLACE		Transaction ID: SA11AI.6963
City BROOKLYN	State NY	Zip Code 11217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer NATIONAL BENEFIT FUND-1199	Occupation EXECUTIVE DIRECTOR	PAYROLL DEDUCTION OF \$150
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL 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 10 / 95
	<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

A.	Full Name (Last, First, Middle Initial) MITRA BEHROOZI	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 123 LINCOLN PLACE	Transaction ID: SA11AI.6964
	City State Zip Code BROOKLYN NY 11217	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$300
	Name of Employer Occupation NATIONAL BENEFIT FUND-1199 EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

B.	Full Name (Last, First, Middle Initial) LAWRENCE BORTOLUZZI	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 759 PRESIDENT STREET APT. 1C	Transaction ID: SA11AI.6967
	City State Zip Code BROOKLYN NY 11215	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$20
	Name of Employer Occupation SERVICE EMPLOYEES INT'L UNION CAMPAIGN COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) VERA BOYD	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 214 E. 11TH STREET	Transaction ID: SA11AI.6969
	City State Zip Code NEW YORK NY 10003	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$25
	Name of Employer Occupation BETH ISRAEL MEDICAL CENTER REGISTERED NURSE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	345.00
TOTAL 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 11 / 95
	<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

A.	Full Name (Last, First, Middle Initial) RONALD BREAU	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 46 EAGLES NEST LANE	Transaction ID: SA11AI.6972
	City WALLKILL State NY Zip Code 12589	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$40
	Name of Employer VASSAR BROTHERS HOSPITAL Occupation UNKNOWN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) EUGENNE BROWN	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 2015 GRAND AVENUE APT 4F	Transaction ID: SA11AI.6975
	City BRONX State NY Zip Code 10453	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$40
	Name of Employer SHALOM NURSING HOME Occupation UNKNOWN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) EUGENNE BROWN	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 2015 GRAND AVENUE APT 4F	Transaction ID: SA11AI.6976
	City BRONX State NY Zip Code 10453	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$50
	Name of Employer SHALOM NURSING HOME Occupation UNKNOWN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 290.00	

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL 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 12 / 95
	<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

A.	Full Name (Last, First, Middle Initial) EUGENNE BROWN	Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2009
	Mailing Address 2015 GRAND AVENUE APT 4F	Transaction ID: SA11AI.6977
	City BRONX State NY Zip Code 10453	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$40
	Name of Employer SHALOM NURSING HOME Occupation UNKNOWN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00	

B.	Full Name (Last, First, Middle Initial) EUGENNE BROWN	Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2009
	Mailing Address 2015 GRAND AVENUE APT 4F	Transaction ID: SA11AI.6978
	City BRONX State NY Zip Code 10453	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$40
	Name of Employer SHALOM NURSING HOME Occupation UNKNOWN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 370.00	

C.	Full Name (Last, First, Middle Initial) GLADYS BRUNO	Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2009
	Mailing Address 726 52ND STREET BSMT	Transaction ID: SA11AI.6981
	City BROOKLYN State NY Zip Code 11220	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$30
	Name of Employer LUTHERAN MEDICAL CENTER Occupation PATIENT SERVICE ASSOCIATE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	110.00
TOTAL 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 13 / 95
	<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	

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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) NUBIA BUITRAGO	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 37-31 73RD STREET APT. 9N	Transaction ID: SA11AI.6983
	City State Zip Code JACKSON HEIGHTS NY 11372	Amount of Each Receipt this Period 86.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$86
	Name of Employer PARTNERS IN CARE Occupation HOME HEALTH AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 258.00	

B.	Full Name (Last, First, Middle Initial) NUBIA BUITRAGO	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 37-31 73RD STREET APT. 9N	Transaction ID: SA11AI.6984
	City State Zip Code JACKSON HEIGHTS NY 11372	Amount of Each Receipt this Period 43.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$43
	Name of Employer PARTNERS IN CARE Occupation HOME HEALTH AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 301.00	

C.	Full Name (Last, First, Middle Initial) NUBIA BUITRAGO	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 37-31 73RD STREET APT. 9N	Transaction ID: SA11AI.6985
	City State Zip Code JACKSON HEIGHTS NY 11372	Amount of Each Receipt this Period 43.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$43
	Name of Employer PARTNERS IN CARE Occupation HOME HEALTH AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 344.00	

SUBTOTAL of Receipts This Page (optional)	172.00
TOTAL 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 14 / 95
	<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

A.	Full Name (Last, First, Middle Initial) NUBIA BUITRAGO	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 37-31 73RD STREET APT. 9N	Transaction ID: SA11AI.6987
	City JACKSON HEIGHTS State NY Zip Code 11372	Amount of Each Receipt this Period 43.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$43
	Name of Employer PARTNERS IN CARE Occupation HOME HEALTH AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 387.00	

B.	Full Name (Last, First, Middle Initial) SALLY CABRAL	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 45 SCOOTER LANCE	Transaction ID: SA11AI.6990
	City HICKSVILLE State NY Zip Code 11801	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$30
	Name of Employer 1199 SEIU Occupation VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) SALLY CABRAL	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 45 SCOOTER LANCE	Transaction ID: SA11AI.6991
	City HICKSVILLE State NY Zip Code 11801	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$30
	Name of Employer 1199 SEIU Occupation VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	103.00
TOTAL 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: PAGE 15 / 95
(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)
DANIEL CALISE

Mailing Address 44 ARIZONA AVENUE

City State Zip Code
BAY SHORE NY 11706

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

Name of Employer Occupation
SOUTH OAKS HOSPITAL CONTRACT ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: SA11AI.6994

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION OF \$30

B. Full Name (Last, First, Middle Initial)
DANIEL CALISE

Mailing Address 44 ARIZONA AVENUE

City State Zip Code
BAY SHORE NY 11706

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

Name of Employer Occupation
SOUTH OAKS HOSPITAL CONTRACT ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: SA11AI.6996

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION OF \$30

C. Full Name (Last, First, Middle Initial)
DANIEL CALISE

Mailing Address 44 ARIZONA AVENUE

City State Zip Code
BAY SHORE NY 11706

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

Name of Employer Occupation
SOUTH OAKS HOSPITAL CONTRACT ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: SA11AI.6998

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION OF \$30

SUBTOTAL of Receipts This Page (optional) ► 90.00

TOTAL 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: PAGE 16 / 95
(check only one)

<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

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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)
DANIEL CALISE

Mailing Address 44 ARIZONA AVENUE

City State Zip Code
BAY SHORE NY 11706

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

Name of Employer Occupation
SOUTH OAKS HOSPITAL CONTRACT ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.6999

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION OF \$15

B.

Full Name (Last, First, Middle Initial)
SOPHIA CAMPBELL

Mailing Address P.O. BOX 3546

City State Zip Code
POUGHKEEPSIE NY 12603-0546

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

Name of Employer Occupation
VASSAR BROTHERS HOSPITAL RECEPTIONIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.7002

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION OF \$40

C.

Full Name (Last, First, Middle Initial)
JOSE CANDELARIO

Mailing Address 426 EAST FRONT STREET

City State Zip Code
LANDSFORD PA 18232

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

Name of Employer Occupation
1199 SEIU POLITICAL ORGANIZER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.7005

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION OF \$40

SUBTOTAL of Receipts This Page (optional) ► **95.00**

TOTAL 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 17 / 95
	<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	

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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) JOSE CANDELARIO		Date of Receipt
	Mailing Address 426 EAST FRONT 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 08 / 31 / 2009
	City	State	Zip Code
	LANDSFORD	PA	18232
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7006
Name of Employer 1199 SEIU		Occupation POLITICAL ORGANIZER	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 ▼ 280.00	<input type="text"/> 40.00
			PAYROLL DEDUCTION OF \$40

B.	Full Name (Last, First, Middle Initial) JOSE CANDELARIO		Date of Receipt
	Mailing Address 426 EAST FRONT 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 09 / 30 / 2009
	City	State	Zip Code
	LANDSFORD	PA	18232
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7010
Name of Employer 1199 SEIU		Occupation POLITICAL ORGANIZER	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 ▼ 320.00	<input type="text"/> 40.00
			PAYROLL DEDUCTION OF \$40

C.	Full Name (Last, First, Middle Initial) JOSE CANDELARIO		Date of Receipt
	Mailing Address 426 EAST FRONT 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 10 / 31 / 2009
	City	State	Zip Code
	LANDSFORD	PA	18232
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7011
Name of Employer 1199 SEIU		Occupation POLITICAL ORGANIZER	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 ▼ 360.00	<input type="text"/> 40.00
			PAYROLL DEDUCTION OF \$40

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 120.00
TOTAL 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: (check only one)	PAGE 18 / 95
	<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	

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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) LILLIAN CARINO		Date of Receipt
	Mailing Address 327 SAINT NICHOLAS AVENUE APT. 2N		<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 09 / 30 / 2009
	City	State	Zip Code
	NEW YORK	NY	10027-3609
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7013
Name of Employer 1199 SEIU		Occupation DIRECTOR	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 ▼ 225.00	<input type="text"/> 25.00
			PAYROLL DEDUCTION OF \$25

B.	Full Name (Last, First, Middle Initial) ALIZA CARR		Date of Receipt
	Mailing Address 38 S. CATHERINE 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 10 / 31 / 2009
	City	State	Zip Code
	BALTIMORE	MD	21223
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7016
Name of Employer MARYLAND GENERAL HOSPITAL		Occupation PATIENT CARE/NURSING AIDE II	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 ▼ 210.00	<input type="text"/> 30.00
			PAYROLL DEDUCTION OF \$30

C.	Full Name (Last, First, Middle Initial) RICHARD CLARKE		Date of Receipt
	Mailing Address 121 ST. NICHOLAS AVENUE APT 5B		<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 10 / 31 / 2009
	City	State	Zip Code
	NEW YORK	NY	10026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7019
Name of Employer RITE AID		Occupation PHARMACIST	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 ▼ 203.06	<input type="text"/> 18.46
			PAYROLL DEDUCTION OF \$18.- 46

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 73.46
TOTAL 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: (check only one)	PAGE 19 / 95
	<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

A.	Full Name (Last, First, Middle Initial) THOMAS CLOUTIER		Date of Receipt
	Mailing Address 2462 VALENTINE AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2009
	City	State	Zip Code
	BRONX	NY	10458
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7022
Name of Employer ST. BARNABAS HOSPITAL		Occupation LAB TECHNOLOGIST	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 ▼ 212.20	<input type="text"/> 21.22
			PAYROLL DEDUCTION OF \$21.-22

B.	Full Name (Last, First, Middle Initial) ARMETA DIXON		Date of Receipt
	Mailing Address 1708 ASHBURTON STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2009
	City	State	Zip Code
	BALTIMORE	MD	21216
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7025
Name of Employer 1199 SEIU		Occupation VICE PRESIDENT	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"/> 40.00
			PAYROLL DEDUCTION OF \$40

C.	Full Name (Last, First, Middle Initial) ARMETA DIXON		Date of Receipt
	Mailing Address 1708 ASHBURTON STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 31 / 2009
	City	State	Zip Code
	BALTIMORE	MD	21216
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7026
Name of Employer 1199 SEIU		Occupation VICE PRESIDENT	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 ▼ 280.00	<input type="text"/> 40.00
			PAYROLL DEDUCTION OF \$40

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 101.22
TOTAL 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: (check only one)	PAGE 20 / 95
	<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

A.	Full Name (Last, First, Middle Initial) ARMETA DIXON	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 1708 ASHBURTON STREET	Transaction ID: SA11AI.7027
	City State Zip Code BALTIMORE MD 21216	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$40
	Name of Employer 1199 SEIU Occupation VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00	

B.	Full Name (Last, First, Middle Initial) ARMETA DIXON	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 1708 ASHBURTON STREET	Transaction ID: SA11AI.7028
	City State Zip Code BALTIMORE MD 21216	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$40
	Name of Employer 1199 SEIU Occupation VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) RALPH DUVAL	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 1307 MENARD STREET	Transaction ID: SA11AI.7031
	City State Zip Code UNIONDALE NY 11553	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$25
	Name of Employer EAST ROCKAWAY NURSING HOME Occupation UNKNOWN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	105.00
TOTAL 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 21 / 95
	<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

A.	Full Name (Last, First, Middle Initial) RALPH DUVAL	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 1307 MENARD STREET	Transaction ID: SA11AI.7032
	City State Zip Code UNIONDALE NY 11553	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$25
	Name of Employer Occupation EAST ROCKAWAY NURSING HOME UNKNOWN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) ENID ECKSTEIN	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 26 BOYNTON STREET	Transaction ID: SA11AI.7034
	City State Zip Code JAMAICA PLAIN MA 02130	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$40
	Name of Employer Occupation 1199 SEIU VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) ENID ECKSTEIN	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 26 BOYNTON STREET	Transaction ID: SA11AI.7035
	City State Zip Code JAMAICA PLAIN MA 02130	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$40
	Name of Employer Occupation 1199 SEIU VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	▶	105.00
TOTAL 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 22 / 95
<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

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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) ENID ECKSTEIN		Date of Receipt MM / DD / YYYY 09 / 30 / 2009		
	Mailing Address 26 BOYNTON STREET		Transaction ID: SA11AI.7036		
	City JAMAICA PLAIN	State MA	Zip Code 02130	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION OF \$40		
	Name of Employer 1199 SEIU	Occupation VICE PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00			

B.	Full Name (Last, First, Middle Initial) ENID ECKSTEIN		Date of Receipt MM / DD / YYYY 10 / 31 / 2009		
	Mailing Address 26 BOYNTON STREET		Transaction ID: SA11AI.7037		
	City JAMAICA PLAIN	State MA	Zip Code 02130	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION OF \$40		
	Name of Employer 1199 SEIU	Occupation VICE PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00			

C.	Full Name (Last, First, Middle Initial) MAUREEN ESTWICK		Date of Receipt MM / DD / YYYY 07 / 31 / 2009		
	Mailing Address 1681 E 53RD STREET		Transaction ID: SA11AI.7039		
	City BROOKLYN	State NY	Zip Code 11234	Amount of Each Receipt this Period 120.00	
	FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION OF \$120		
	Name of Employer MAIMONIDES MEDICAL CENTER	Occupation PATIENT CARE TECHNICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL 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: PAGE 23 / 95

(check only one)

<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

A.	Full Name (Last, First, Middle Initial) MAUREEN ESTWICK		Date of Receipt MM / DD / YYYY 08 / 31 / 2009		
	Mailing Address 1681 E 53RD STREET		Transaction ID: SA11AI.7041		
	City BROOKLYN	State NY	Zip Code 11234	Amount of Each Receipt this Period 120.00	
	FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION OF \$120		
	Name of Employer MAIMONIDES MEDICAL CENTER	Occupation PATIENT CARE TECHNICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00			

B.	Full Name (Last, First, Middle Initial) MAUREEN ESTWICK		Date of Receipt MM / DD / YYYY 09 / 30 / 2009		
	Mailing Address 1681 E 53RD STREET		Transaction ID: SA11AI.7043		
	City BROOKLYN	State NY	Zip Code 11234	Amount of Each Receipt this Period 120.00	
	FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION OF \$120		
	Name of Employer MAIMONIDES MEDICAL CENTER	Occupation PATIENT CARE TECHNICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00			

C.	Full Name (Last, First, Middle Initial) MAUREEN ESTWICK		Date of Receipt MM / DD / YYYY 10 / 31 / 2009		
	Mailing Address 1681 E 53RD STREET		Transaction ID: SA11AI.7045		
	City BROOKLYN	State NY	Zip Code 11234	Amount of Each Receipt this Period 60.00	
	FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION OF \$60		
	Name of Employer MAIMONIDES MEDICAL CENTER	Occupation PATIENT CARE TECHNICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL 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 24 / 95
	<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	

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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) MIKE FADEL		Date of Receipt
	Mailing Address 700 HURON AVENUE 15M		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	CAMBRIDGE	MA	02138
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7047
Name of Employer 1199 SEIU		Occupation EXECUTIVE VICE PRESIDENT	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" value="40.00"/>
			PAYROLL DEDUCTION OF \$40

B.	Full Name (Last, First, Middle Initial) MIKE FADEL		Date of Receipt
	Mailing Address 700 HURON AVENUE 15M		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	CAMBRIDGE	MA	02138
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7049
Name of Employer 1199 SEIU		Occupation EXECUTIVE VICE PRESIDENT	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 ▼ 280.00	<input type="text" value="40.00"/>
			PAYROLL DEDUCTION OF \$40

C.	Full Name (Last, First, Middle Initial) MIKE FADEL		Date of Receipt
	Mailing Address 700 HURON AVENUE 15M		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	CAMBRIDGE	MA	02138
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7050
Name of Employer 1199 SEIU		Occupation EXECUTIVE VICE PRESIDENT	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 ▼ 320.00	<input type="text" value="40.00"/>
			PAYROLL DEDUCTION OF \$40

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="120.00"/>
TOTAL 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 25 / 95
(check only one)

<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

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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) MIKE FADEL		Date of Receipt MM / DD / YYYY 10 / 31 / 2009
Mailing Address 700 HURON AVENUE 15M		Transaction ID: SA11AI.7051
City CAMBRIDGE	State MA	Zip Code 02138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer 1199 SEIU	Occupation EXECUTIVE VICE PRESIDENT	PAYROLL DEDUCTION OF \$40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B.

Full Name (Last, First, Middle Initial) RICHARD FARFAGLIA		Date of Receipt MM / DD / YYYY 10 / 31 / 2009
Mailing Address 330 WEST 42ND STREET		Transaction ID: SA11AI.7053
City NEW YORK	State NY	Zip Code 10036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer SEIU	Occupation DIRECTOR	PAYROLL DEDUCTION OF \$20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.

Full Name (Last, First, Middle Initial) LEYTON FLEMINGS		Date of Receipt MM / DD / YYYY 10 / 31 / 2009
Mailing Address 216-09 137TH AVENUE		Transaction ID: SA11AI.7056
City SPRINGFIELD GARDEN	State NY	Zip Code 11413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer BROOKDALE HOSPITAL MEDICAL CTR	Occupation MAINTENANCE WORKER	PAYROLL DEDUCTION OF \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL 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 26 / 95
	<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	

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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) JANET FORTNEY	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 2125 OAK ROAD	Transaction ID: SA11AI.7059
	City State Zip Code PORT REPUBLIC MD 20676	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$40
	Name of Employer Occupation CIVISTA MEDICAL CENTER CLINICAL NURSE II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) JANET FORTNEY	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 2125 OAK ROAD	Transaction ID: SA11AI.7060
	City State Zip Code PORT REPUBLIC MD 20676	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$20
	Name of Employer Occupation CIVISTA MEDICAL CENTER CLINICAL NURSE II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) JANET FORTNEY	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 2125 OAK ROAD	Transaction ID: SA11AI.7061
	City State Zip Code PORT REPUBLIC MD 20676	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$30
	Name of Employer Occupation CIVISTA MEDICAL CENTER CLINICAL NURSE II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL 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 27 / 95
	<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	

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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) JANET FORTNEY	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 9
	Mailing Address 2125 OAK ROAD	Transaction ID: SA11AI.7062
	City PORT REPUBLIC State MD Zip Code 20676	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$20
	Name of Employer CIVISTA MEDICAL CENTER Occupation CLINICAL NURSE II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 310.00	

B.	Full Name (Last, First, Middle Initial) JOHNELLA FOY	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 9
	Mailing Address P.O. BOX 549	Transaction ID: SA11AI.7065
	City BUFFALO State NY Zip Code 14209	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$20
	Name of Employer KALEIDA HEALTH Occupation RECORD ARCHIVE CLERK Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) ALTAGRACIA GALVAN	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 9
	Mailing Address 109 EAST 153RD STREET APT 30B	Transaction ID: SA11AI.7068
	City BRONX State NY Zip Code 10451	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$20
	Name of Employer COOPERATIVE HOME ATTENDANT Occupation HEALTH AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL 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: PAGE 28 / 95

(check only one)

<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

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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)
ROSEMARIE GLOVER

Mailing Address 2915 CLUTE ROAD

City State Zip Code
CORTLAND NY 13045

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 ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2009

Transaction ID: SA11AI.7070

Amount of Each Receipt this Period
80.00

PAYROLL DEDUCTION OF \$80

B.

Full Name (Last, First, Middle Initial)
ROSEMARIE GLOVER

Mailing Address 2915 CLUTE ROAD

City State Zip Code
CORTLAND NY 13045

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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2009

Transaction ID: SA11AI.7071

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION OF \$40

C.

Full Name (Last, First, Middle Initial)
ROSEMARIE GLOVER

Mailing Address 2915 CLUTE ROAD

City State Zip Code
CORTLAND NY 13045

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 ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11AI.7072

Amount of Each Receipt this Period
60.00

PAYROLL DEDUCTION OF \$60

SUBTOTAL of Receipts This Page (optional) ▶

180.00

TOTAL 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 29 / 95
	<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

A.	Full Name (Last, First, Middle Initial) ROSEMARIE GLOVER	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 2915 CLUTE ROAD	Transaction ID: SA11AI.7073
	City State Zip Code CORTLAND NY 13045	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$40
	Name of Employer Occupation COMMUNITY GENERAL HOSPITAL REGISTERED NURSE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) VAUGHN GOODWIN	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 5100 W. MOUNTAIN STREET APT. 202C	Transaction ID: SA11AI.7077
	City State Zip Code STONE MOUNTAIN GA 30058	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$25
	Name of Employer Occupation 1199 SEIU ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) RANDOLPH HALL JR.	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 5503 GEVLAND AVENUE	Transaction ID: SA11AI.7079
	City State Zip Code BALTIMORE MD 21206	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$40
	Name of Employer Occupation 1199 SEIU ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	105.00
TOTAL 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 30 / 95
	<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

A.	Full Name (Last, First, Middle Initial) RANDOLPH HALL JR.		Date of Receipt
	Mailing Address 5503 GEVLAND AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	BALTIMORE	MD	21206
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7080
Name of Employer 1199 SEIU		Occupation ORGANIZER	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 ▼	<input type="text"/> 40.00
		<input type="text"/> 280.00	PAYROLL DEDUCTION OF \$40

B.	Full Name (Last, First, Middle Initial) RANDOLPH HALL JR.		Date of Receipt
	Mailing Address 5503 GEVLAND AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	BALTIMORE	MD	21206
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7081
Name of Employer 1199 SEIU		Occupation ORGANIZER	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 ▼	<input type="text"/> 40.00
		<input type="text"/> 320.00	PAYROLL DEDUCTION OF \$40

C.	Full Name (Last, First, Middle Initial) RANDOLPH HALL JR.		Date of Receipt
	Mailing Address 5503 GEVLAND AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	BALTIMORE	MD	21206
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7082
Name of Employer 1199 SEIU		Occupation ORGANIZER	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 ▼	<input type="text"/> 40.00
		<input type="text"/> 360.00	PAYROLL DEDUCTION OF \$40

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 120.00
TOTAL 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: (check only one)	PAGE 31 / 95
	<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	

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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) LEONABEL HARVEY		Date of Receipt MM / DD / YYYY 09 / 30 / 2009		
	Mailing Address 388 MIDWOOD STREET APT 5I		Transaction ID: SA11AI.7085		
	City BROOKLYLN	State NY	Zip Code 11225	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION OF \$25		
	Name of Employer NEW YORK UNIVERSITY HOSPITAL	Occupation PAT UNIT CLERK	Aggregate Year-to-Date 225.00		

B.	Full Name (Last, First, Middle Initial) WADYAH HASSAN		Date of Receipt MM / DD / YYYY 10 / 31 / 2009		
	Mailing Address 9160 193RD STREET APT. L2		Transaction ID: SA11AI.7087		
	City HOLLIS	State NY	Zip Code 11423	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION OF \$20		
	Name of Employer COMMUNITY RESOURCE CENTER	Occupation LICENSED PRACTICAL NURSE	Aggregate Year-to-Date 210.00		

C.	Full Name (Last, First, Middle Initial) VIVETTE HENRY		Date of Receipt MM / DD / YYYY 07 / 31 / 2009		
	Mailing Address 547 SOUTH 8TH AVENUE		Transaction ID: SA11AI.7317		
	City MOUNT VERNON	State NY	Zip Code 10550	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION OF \$40 PER MONTH		
	Name of Employer WORKMENS CIRCLE-144	Occupation UNKNOWN	Aggregate Year-to-Date 210.00		

SUBTOTAL of Receipts This Page (optional)	85.00
TOTAL 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 32 / 95
	<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

A.	Full Name (Last, First, Middle Initial) VIVETTE HENRY	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 547 SOUTH 8TH AVENUE	Transaction ID: SA11AI.7318
	City MOUNT VERNON State NY Zip Code 10550	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$30
	Name of Employer WORKMENS CIRCLE-144 Occupation UNKNOWN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) VIVETTE HENRY	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 547 SOUTH 8TH AVENUE	Transaction ID: SA11AI.7319
	City MOUNT VERNON State NY Zip Code 10550	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$40
	Name of Employer WORKMENS CIRCLE-144 Occupation UNKNOWN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	

C.	Full Name (Last, First, Middle Initial) VIVETTE HENRY	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 547 SOUTH 8TH AVENUE	Transaction ID: SA11AI.7320
	City MOUNT VERNON State NY Zip Code 10550	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$50
	Name of Employer WORKMENS CIRCLE-144 Occupation UNKNOWN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL 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 33 / 95
	<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

A.	Full Name (Last, First, Middle Initial) DAVID HILL	Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2009
	Mailing Address 19 HAMILTON TERRANCE APT. 1L	Transaction ID: SA11AI.7091
	City NEW YORK State NY Zip Code 10031	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$25
	Name of Employer YESHIVA UNIVERSITY Occupation CLERK, MAIL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 225.00	

B.	Full Name (Last, First, Middle Initial) LYNNE JENNINGS	Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2009
	Mailing Address 4 SHIRLEY LANE	Transaction ID: SA11AI.7099
	City WEST BABYLON State NY Zip Code 11704	Amount of Each Receipt this Period 65.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$65
	Name of Employer BROOKDALE HOSPITAL MEDICAL CTR Occupation PHYSICIAN ASSISTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 240.00	

C.	Full Name (Last, First, Middle Initial) LYNNE JENNINGS	Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2009
	Mailing Address 4 SHIRLEY LANE	Transaction ID: SA11AI.7096
	City WEST BABYLON State NY Zip Code 11704	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$35
	Name of Employer BROOKDALE HOSPITAL MEDICAL CTR Occupation PHYSICIAN ASSISTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 275.00	

SUBTOTAL of Receipts This Page (optional)	125.00
TOTAL 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 34 / 95
	<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

A.	Full Name (Last, First, Middle Initial) LYNNE JENNINGS		Date of Receipt
	Mailing Address 4 SHIRLEY LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2009
	City	State	Zip Code
	WEST BABYLON	NY	11704
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7097
Name of Employer BROOKDALE HOSPITAL MEDICAL CTR		Occupation PHYSICIAN ASSISTANT	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 ▼ <input type="text"/> 310.00	<input type="text"/> 35.00
			PAYROLL DEDUCTION OF \$35

B.	Full Name (Last, First, Middle Initial) LYNNE JENNINGS		Date of Receipt
	Mailing Address 4 SHIRLEY LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 31 / 2009
	City	State	Zip Code
	WEST BABYLON	NY	11704
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7098
Name of Employer BROOKDALE HOSPITAL MEDICAL CTR		Occupation PHYSICIAN ASSISTANT	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 ▼ <input type="text"/> 345.00	<input type="text"/> 35.00
			PAYROLL DEDUCTION OF \$35

C.	Full Name (Last, First, Middle Initial) SHIRLEY KHINE		Date of Receipt
	Mailing Address 515 W. 59TH STREET APT. 6K		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2009
	City	State	Zip Code
	NEW YORK	NY	10019-1033
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7101
Name of Employer ROOSEVELT HOSPITAL		Occupation TECHNICAL/PROFESSIONAL	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 ▼ <input type="text"/> 216.00	<input type="text"/> 24.00
			PAYROLL DEDUCTION OF \$24

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 94.00
TOTAL 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 35 / 95
(check only one)

<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

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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)
ANDREW KING

Mailing Address 952 E 218TH STREET

City BRONX State NY Zip Code 10469

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

Name of Employer UNKNOWN Occupation LEAD ORGANIZER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2009

Transaction ID: SA11AI.7104

Amount of Each Receipt this Period 30.00

PAYROLL DEDUCTION OF \$30

B.

Full Name (Last, First, Middle Initial)
DEBORAH KING

Mailing Address 270 NEWTOWN TPKE.

City WESTPORT State CT Zip Code 06880-1021

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

Name of Employer HOSPITAL LEAGUE TRAINING Occupation DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2009

Transaction ID: SA11AI.7106

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTION OF \$25

C.

Full Name (Last, First, Middle Initial)
COLLEEN KOCHMAN

Mailing Address 155 FORREST WAY

City CAMILLUS State NY Zip Code 13031

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

Name of Employer COMMUNITY GENERAL HOSPITAL Occupation REGISTERED NURSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt 07 / 31 / 2009

Transaction ID: SA11AI.7108

Amount of Each Receipt this Period 90.00

PAYROLL DEDUCTION OF \$90

SUBTOTAL of Receipts This Page (optional) ► 145.00

TOTAL 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: PAGE 36 / 95
(check only one)

<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

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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		Date of Receipt MM / DD / YYYY 08 / 31 / 2009
Mailing Address 155 FORREST WAY		Transaction ID: SA11AI.7109
City CAMILLUS	State NY	Zip Code 13031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer COMMUNITY GENERAL HOSPITAL	Occupation REGISTERED NURSE	PAYROLL DEDUCTION OF \$45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

B.

Full Name (Last, First, Middle Initial) COLLEEN KOCHMAN		Date of Receipt MM / DD / YYYY 09 / 30 / 2009
Mailing Address 155 FORREST WAY		Transaction ID: SA11AI.7110
City CAMILLUS	State NY	Zip Code 13031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer COMMUNITY GENERAL HOSPITAL	Occupation REGISTERED NURSE	PAYROLL DEDUCTION OF \$45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

C.

Full Name (Last, First, Middle Initial) COLLEEN KOCHMAN		Date of Receipt MM / DD / YYYY 10 / 31 / 2009
Mailing Address 155 FORREST WAY		Transaction ID: SA11AI.7111
City CAMILLUS	State NY	Zip Code 13031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer COMMUNITY GENERAL HOSPITAL	Occupation REGISTERED NURSE	PAYROLL DEDUCTION OF \$45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	135.00
TOTAL 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: PAGE 37 / 95

(check only one)

<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

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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) EVELYNE LAROC		Date of Receipt
	Mailing Address 111 10 209TH PLACE		<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 09 / 30 / 2009
	City	State	Zip Code
	QUEENS VILLAGE	NY	11429
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7114
Name of Employer GARDEN CARE CENTER		Occupation A&O 3-11	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 ▼ <input type="text"/> 210.00	<input type="text"/> 20.00
			PAYROLL DEDUCTION OF \$20

B.	Full Name (Last, First, Middle Initial) EVELYNE LAROC		Date of Receipt
	Mailing Address 111 10 209TH PLACE		<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 10 / 31 / 2009
	City	State	Zip Code
	QUEENS VILLAGE	NY	11429
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7115
Name of Employer GARDEN CARE CENTER		Occupation A&O 3-11	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 ▼ <input type="text"/> 230.00	<input type="text"/> 20.00
			PAYROLL DEDUCTION OF \$20

C.	Full Name (Last, First, Middle Initial) SUSAN LEPAGE		Date of Receipt
	Mailing Address 33 VIA DONATO EAST		<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 10 / 31 / 2009
	City	State	Zip Code
	DEPEW	NY	14043
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7118
Name of Employer KALEIDA HEALTH		Occupation RN SPECIAL PROCEDURES	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 ▼ <input type="text"/> 220.00	<input type="text"/> 20.00
			PAYROLL DEDUCTION OF \$20

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 60.00
TOTAL 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: (check only one)	PAGE 38 / 95
	<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

A.	Full Name (Last, First, Middle Initial) MICHELE LYNCH	Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2009
	Mailing Address 32 DOLPHIN WAY	Transaction ID: SA11AI.7127
	City RIVERHEAD State NY Zip Code 11901	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$25
	Name of Employer 1199 SEIU Occupation POLITICAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) JENNIE LYONS	Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2009
	Mailing Address P.O. BOX 813	Transaction ID: SA11AI.7121
	City WURTSBORO State NY Zip Code 12790	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$25
	Name of Employer HORTON CAMPUS ORMC Occupation DP REGISTERD NURSE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) JENNIE LYONS	Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2009
	Mailing Address P.O. BOX 813	Transaction ID: SA11AI.7124
	City WURTSBORO State NY Zip Code 12790	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$25
	Name of Employer HORTON CAMPUS ORMC Occupation DP REGISTERD NURSE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL 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: PAGE 39 / 95

(check only one)

<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

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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)
DONALD MARTHAGE

Mailing Address 46 WOODBINE AVENUE

City State Zip Code
ROCHESTER NY 14626

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

Name of Employer Occupation
1199 SPECIAL PROJECTS FOOD SERVICE WORKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2009

Transaction ID: SA11AI.7129

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION OF \$25

B.

Full Name (Last, First, Middle Initial)
DONALD MARTHAGE

Mailing Address 46 WOODBINE AVENUE

City State Zip Code
ROCHESTER NY 14626

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

Name of Employer Occupation
1199 SPECIAL PROJECTS FOOD SERVICE WORKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2009

Transaction ID: SA11AI.7130

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION OF \$25

C.

Full Name (Last, First, Middle Initial)
DONALD MARTHAGE

Mailing Address 46 WOODBINE AVENUE

City State Zip Code
ROCHESTER NY 14626

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

Name of Employer Occupation
1199 SPECIAL PROJECTS FOOD SERVICE WORKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11AI.7131

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION OF \$25

SUBTOTAL of Receipts This Page (optional) ▶

75.00

TOTAL 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 40 / 95
	<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	

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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) DONALD MARTHAGE	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 46 WOODBINE AVENUE	Transaction ID: SA11AI.7132
	City ROCHESTER State NY Zip Code 14626	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$25
	Name of Employer 1199 SPECIAL PROJECTS Occupation FOOD SERVICE WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00	

B.	Full Name (Last, First, Middle Initial) MODESTA MARTINEZ	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 2787 SAMPSON AVENUE APT 1C	Transaction ID: SA11AI.7135
	City BRONX State NY Zip Code 10465	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$20
	Name of Employer COOPERATIVE HOME ATTENDANT Occupation HOME ATTENDANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 210.00	

C.	Full Name (Last, First, Middle Initial) MODESTA MARTINEZ	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 2787 SAMPSON AVENUE APT 1C	Transaction ID: SA11AI.7136
	City BRONX State NY Zip Code 10465	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$20
	Name of Employer COOPERATIVE HOME ATTENDANT Occupation HOME ATTENDANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 230.00	

SUBTOTAL of Receipts This Page (optional)	65.00
TOTAL 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 41 / 95
	<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	

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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) PATRICIA MCCARTHY	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 104 SOUTH WILLOW STREET	Transaction ID: SA11AI.7139
	City EAST AURORA State NY Zip Code 14052	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$20
	Name of Employer KALEIDA HEALTH Occupation RN CRITICAL CARE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) SARAH MCLELLAN	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 69 SEMINOLE PARKWAY	Transaction ID: SA11AI.7142
	City BUFFALO State NY Zip Code 14210	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$25
	Name of Employer ABSOLUT CTR. FOR NSG. & REHAB Occupation LAUNDRY STAFF Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) ROZA MIKHAYLOVA	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 505 ELMWOOD STREET #1K	Transaction ID: SA11AI.7145
	City BROOKLYN State NY Zip Code 11230	Amount of Each Receipt this Period 24.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$24
	Name of Employer ALL METRO HOME CARE HRA Occupation PCA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 216.00	

SUBTOTAL of Receipts This Page (optional)	69.00
TOTAL 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 42 / 95
	<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	

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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) ADELE MILLER	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address P.O. BOX 308	Transaction ID: SA11AI.7147
	City State Zip Code EAST MARION NY 11939	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$20
Name of Employer EASTERN LONG ISLAND HOSPITAL	Occupation CONTACT ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) ADELE MILLER	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address P.O. BOX 308	Transaction ID: SA11AI.7149
	City State Zip Code EAST MARION NY 11939	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$20
Name of Employer EASTERN LONG ISLAND HOSPITAL	Occupation CONTACT ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) ADELE MILLER	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address P.O. BOX 308	Transaction ID: SA11AI.7151
	City State Zip Code EAST MARION NY 11939	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$20
Name of Employer EASTERN LONG ISLAND HOSPITAL	Occupation CONTACT ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL 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: PAGE 43 / 95
(check only one)

<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
							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)
ADELE MILLER

Mailing Address P.O. BOX 308

City EAST MARION State NY Zip Code 11939

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

Name of Employer EASTERN LONG ISLAND HOSPITAL Occupation CONTACT ADMINISTRATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.7152

Amount of Each Receipt this Period
10.00

PAYROLL DEDUCTION OF \$10

B.

Full Name (Last, First, Middle Initial)
STACEY MILLMAN

Mailing Address 289 MANNING BLVD.

City ALBANY State NY Zip Code 12206-1425

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

Name of Employer NATIONAL BENEFIT FUND-1199 Occupation COMMUNICATIONS DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.7155

Amount of Each Receipt this Period
100.00

PAYROLL DEDUCTION OF \$100

C.

Full Name (Last, First, Middle Initial)
STACEY MILLMAN

Mailing Address 289 MANNING BLVD.

City ALBANY State NY Zip Code 12206-1425

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

Name of Employer NATIONAL BENEFIT FUND-1199 Occupation COMMUNICATIONS DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.7156

Amount of Each Receipt this Period
50.00

PAYROLL DEDUCTION OF \$50

SUBTOTAL of Receipts This Page (optional) ► 160.00

TOTAL 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 44 / 95
	<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	

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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) STACEY MILLMAN		Date of Receipt
	Mailing Address 289 MANNING BLVD.		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	ALBANY	NY	12206-1425
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NATIONAL BENEFIT FUND-1199		Occupation COMMUNICATIONS DIRECTOR	Transaction ID: SA11AI.7157
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="50.00"/>
PAYROLL DEDUCTION OF \$50			

B.	Full Name (Last, First, Middle Initial) STACEY MILLMAN		Date of Receipt
	Mailing Address 289 MANNING BLVD.		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	ALBANY	NY	12206-1425
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NATIONAL BENEFIT FUND-1199		Occupation COMMUNICATIONS DIRECTOR	Transaction ID: SA11AI.7158
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="450.00"/>	<input type="text" value="50.00"/>
PAYROLL DEDUCTION OF \$50			

C.	Full Name (Last, First, Middle Initial) DEBORAH MONASTRA		Date of Receipt
	Mailing Address 224 LINCOLN AVENUE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	WEST HARRISON	NY	10604
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MICHAEL MELOTZ SKILLED NURSING		Occupation UNKNOWN	Transaction ID: SA11AI.7162
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="220.00"/>	<input type="text" value="30.00"/>
PAYROLL DEDUCTION OF \$30			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="130.00"/>
TOTAL 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: (check only one)	PAGE 45 / 95
	<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

A.	Full Name (Last, First, Middle Initial) CONSUELO MORA-MCLAUGHLIN		Date of Receipt	
	Mailing Address 25 MILTON AVENUE		M M / D D / Y Y Y Y Y 07 / 31 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.7164
	SUMMIT	NJ	07901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		40.00	
Name of Employer COLUMBIA UNIVERSITY-SSA		Occupation RESEARCH WORKER		PAYROLL DEDUCTION OF \$40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		240.00		

B.	Full Name (Last, First, Middle Initial) CONSUELO MORA-MCLAUGHLIN		Date of Receipt	
	Mailing Address 25 MILTON AVENUE		M M / D D / Y Y Y Y Y 08 / 31 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.7165
	SUMMIT	NJ	07901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		40.00	
Name of Employer COLUMBIA UNIVERSITY-SSA		Occupation RESEARCH WORKER		PAYROLL DEDUCTION OF \$40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		280.00		

C.	Full Name (Last, First, Middle Initial) CONSUELO MORA-MCLAUGHLIN		Date of Receipt	
	Mailing Address 25 MILTON AVENUE		M M / D D / Y Y Y Y Y 09 / 30 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.7166
	SUMMIT	NJ	07901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		40.00	
Name of Employer COLUMBIA UNIVERSITY-SSA		Occupation RESEARCH WORKER		PAYROLL DEDUCTION OF \$40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		320.00		

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL 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 46 / 95
	<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	

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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) CONSUELO MORA-MCLAUGHLIN			Date of Receipt MM / DD / YYYY 10 / 31 / 2009		
	Mailing Address 25 MILTON AVENUE			Transaction ID: SA11AI.7167		
	City	State	Zip Code	Amount of Each Receipt this Period		
	SUMMIT	NJ	07901	80.00		
	FEC ID number of contributing federal political committee. C			PAYROLL DEDUCTION OF \$80		
Name of Employer COLUMBIA UNIVERSITY-SSA		Occupation RESEARCH WORKER				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		400.00		

B.	Full Name (Last, First, Middle Initial) GERARD NORDENBERG			Date of Receipt MM / DD / YYYY 07 / 31 / 2009		
	Mailing Address 100 MIDDLETON ROAD APT. 29			Transaction ID: SA11AI.7170		
	City	State	Zip Code	Amount of Each Receipt this Period		
	BOHEMIA	NY	11716-3923	100.00		
	FEC ID number of contributing federal political committee. C			PAYROLL DEDUCTION OF \$100		
Name of Employer 1199 SEIU		Occupation VICE PRESIDENT				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		300.00		

C.	Full Name (Last, First, Middle Initial) GERARD NORDENBERG			Date of Receipt MM / DD / YYYY 08 / 31 / 2009		
	Mailing Address 100 MIDDLETON ROAD APT. 29			Transaction ID: SA11AI.7171		
	City	State	Zip Code	Amount of Each Receipt this Period		
	BOHEMIA	NY	11716-3923	50.00		
	FEC ID number of contributing federal political committee. C			PAYROLL DEDUCTION OF \$50		
Name of Employer 1199 SEIU		Occupation VICE PRESIDENT				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		350.00		

SUBTOTAL of Receipts This Page (optional)	▶	230.00
TOTAL 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 47 / 95
	<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

A.	Full Name (Last, First, Middle Initial) GERARD NORDENBERG		Date of Receipt	
	Mailing Address 100 MIDDLETON ROAD APT. 29		M M / D D / Y Y Y Y Y 09 / 30 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.7172
	BOHEMIA	NY	11716-3923	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer 1199 SEIU		Occupation VICE PRESIDENT		PAYROLL DEDUCTION OF \$50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		400.00		

B.	Full Name (Last, First, Middle Initial) GERARD NORDENBERG		Date of Receipt	
	Mailing Address 100 MIDDLETON ROAD APT. 29		M M / D D / Y Y Y Y Y 10 / 31 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.7173
	BOHEMIA	NY	11716-3923	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer 1199 SEIU		Occupation VICE PRESIDENT		PAYROLL DEDUCTION OF \$50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		450.00		

C.	Full Name (Last, First, Middle Initial) BEATRICE ORIOL		Date of Receipt	
	Mailing Address 135-02 87TH AVENUE		M M / D D / Y Y Y Y Y 07 / 31 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.7177
	RICHMOND HILL	NY	11418	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		40.00	
Name of Employer BRIDGEVIEW NURSING HOME		Occupation UNKNOWN		PAYROLL DEDUCTION OF \$40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		240.00		

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL 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 48 / 95
	<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	

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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) BEATRICE ORIOL		Date of Receipt
	Mailing Address 135-02 87TH AVENUE		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	RICHMOND HILL	NY	11418
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7178
Name of Employer BRIDGEVIEW NURSING HOME		Occupation UNKNOWN	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 ▼	<input type="text" value="40.00"/>
		<input type="text" value="280.00"/>	PAYROLL DEDUCTION OF \$40

B.	Full Name (Last, First, Middle Initial) BEATRICE ORIOL		Date of Receipt
	Mailing Address 135-02 87TH AVENUE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	RICHMOND HILL	NY	11418
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7179
Name of Employer BRIDGEVIEW NURSING HOME		Occupation UNKNOWN	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 ▼	<input type="text" value="40.00"/>
		<input type="text" value="320.00"/>	PAYROLL DEDUCTION OF \$40

C.	Full Name (Last, First, Middle Initial) ELSIE OTERO		Date of Receipt
	Mailing Address 208 RIDGEFIELD AVENUE		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	BOGOTA	NY	07603
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7182
Name of Employer 1199 SEIU		Occupation VICE PRESIDENT	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 ▼	<input type="text" value="100.00"/>
		<input type="text" value="300.00"/>	PAYROLL DEDUCTION OF \$100

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="180.00"/>
TOTAL 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: (check only one)	PAGE 49 / 95
	<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

A.	Full Name (Last, First, Middle Initial) ELSIE OTERO		Date of Receipt
	Mailing Address 208 RIDGEFIELD AVENUE		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	BOGOTA	NY	07603
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer 1199 SEIU		Occupation VICE PRESIDENT	Transaction ID: SA11AI.7183
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			PAYROLL DEDUCTION OF \$50

B.	Full Name (Last, First, Middle Initial) ELSIE OTERO		Date of Receipt
	Mailing Address 208 RIDGEFIELD AVENUE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	BOGOTA	NY	07603
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer 1199 SEIU		Occupation VICE PRESIDENT	Transaction ID: SA11AI.7184
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			PAYROLL DEDUCTION OF \$50

C.	Full Name (Last, First, Middle Initial) ELSIE OTERO		Date of Receipt
	Mailing Address 208 RIDGEFIELD AVENUE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	BOGOTA	NY	07603
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer 1199 SEIU		Occupation VICE PRESIDENT	Transaction ID: SA11AI.7185
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			PAYROLL DEDUCTION OF \$50

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="150.00"/>
TOTAL 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: (check only one)	PAGE 50 / 95
	<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	

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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) FRANCES PAGE		Date of Receipt
	Mailing Address 5301 SMITH DRIVE		<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 07 / 31 / 2009
	City	State	Zip Code
	INDIAN HEAD	MD	20640
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7189
Name of Employer CIVISTA MEDICAL CENTER		Occupation CLINICAL NURSE II	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"/> 40.00
			PAYROLL DEDUCTION OF \$40

B.	Full Name (Last, First, Middle Initial) FRANCES PAGE		Date of Receipt
	Mailing Address 5301 SMITH DRIVE		<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 08 / 31 / 2009
	City	State	Zip Code
	INDIAN HEAD	MD	20640
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7190
Name of Employer CIVISTA MEDICAL CENTER		Occupation CLINICAL NURSE II	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 ▼ 260.00	<input type="text"/> 20.00
			PAYROLL DEDUCTION OF \$20

C.	Full Name (Last, First, Middle Initial) FRANCES PAGE		Date of Receipt
	Mailing Address 5301 SMITH DRIVE		<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 09 / 30 / 2009
	City	State	Zip Code
	INDIAN HEAD	MD	20640
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7191
Name of Employer CIVISTA MEDICAL CENTER		Occupation CLINICAL NURSE II	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 ▼ 290.00	<input type="text"/> 30.00
			PAYROLL DEDUCTION OF \$30

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 90.00
TOTAL 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: (check only one)	PAGE 51 / 95
	<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	

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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) FRANCES PAGE		Date of Receipt
	Mailing Address 5301 SMITH DRIVE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	INDIAN HEAD	MD	20640
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7192
Name of Employer CIVISTA MEDICAL CENTER		Occupation CLINICAL NURSE II	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 ▼ <input type="text" value="310.00"/>	<input type="text" value="20.00"/>
			PAYROLL DEDUCTION OF \$20

B.	Full Name (Last, First, Middle Initial) RODNEY PARKER		Date of Receipt
	Mailing Address 66 MAPLE STREET		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	BROOKLYN	NY	11225
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7196
Name of Employer NATIONAL BENEFIT FUND-1199		Occupation UNKNOWN	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 ▼ <input type="text" value="225.00"/>	<input type="text" value="25.00"/>
			PAYROLL DEDUCTION OF \$25

C.	Full Name (Last, First, Middle Initial) DOMITILA PENA		Date of Receipt
	Mailing Address 9814 CORONA AVENUE		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	CORONA	NY	11368
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7198
Name of Employer SUNNYSIDE COMMUNITY HOME CARE		Occupation HOME HEALTH AIDE	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 ▼ <input type="text" value="220.00"/>	<input type="text" value="40.00"/>
			PAYROLL DEDUCTION OF \$40

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="85.00"/>
TOTAL 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: (check only one)	PAGE 52 / 95
	<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

A.	Full Name (Last, First, Middle Initial) DOMITILA PENA	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 9814 CORONA AVENUE	Transaction ID: SA11AI.7199
	City State Zip Code CORONA NY 11368	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$40
	Name of Employer Occupation SUNNYSIDE COMMUNITY HOME CARE HOME HEALTH AIDE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) DOMITILA PENA	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 9814 CORONA AVENUE	Transaction ID: SA11AI.7200
	City State Zip Code CORONA NY 11368	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$50
	Name of Employer Occupation SUNNYSIDE COMMUNITY HOME CARE HOME HEALTH AIDE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

C.	Full Name (Last, First, Middle Initial) DOMITILA PENA	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 9814 CORONA AVENUE	Transaction ID: SA11AI.7201
	City State Zip Code CORONA NY 11368	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$30
	Name of Employer Occupation SUNNYSIDE COMMUNITY HOME CARE HOME HEALTH AIDE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL 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 53 / 95
	<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	

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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) BRENDA PRYOR		Date of Receipt
	Mailing Address 1645 CLEVELAND AVENUE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	NIAGARA FALLS	NY	14305
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7204
Name of Employer OUR LADY OF PEACE		Occupation CERTIFIED NURSE ASSISTANT	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" value="20.00"/>
			PAYROLL DEDUCTION OF \$20

B.	Full Name (Last, First, Middle Initial) JAYME REYOME		Date of Receipt
	Mailing Address 53 DASH STREET		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	BUFFALO	NY	14220
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7207
Name of Employer KALEIDA HEALTH		Occupation RN CRITICAL CARE	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 ▼ 209.22	<input type="text" value="9.22"/>
			PAYROLL DEDUCTION OF \$9.22

C.	Full Name (Last, First, Middle Initial) DENNIS RIVERA		Date of Receipt
	Mailing Address 14 STUYVESANT BLVD.		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	NEW YORK	NY	10009
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7210
Name of Employer SERVICE EMPLOYEES INT'L UNION		Occupation VICE PRESIDENT	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 ▼ 260.00	<input type="text" value="80.00"/>
			PAYROLL DEDUCTION OF \$80

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="109.22"/>
TOTAL 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: (check only one)	PAGE 54 / 95
	<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	

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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) DENNIS RIVERA		Date of Receipt
	Mailing Address 14 STUYVESANT BLVD.		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	NEW YORK	NY	10009
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer SERVICE EMPLOYEES INT'L UNION		Occupation VICE PRESIDENT	Transaction ID: SA11AI.7212
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
			PAYROLL DEDUCTION OF \$100

B.	Full Name (Last, First, Middle Initial) DENNIS RIVERA		Date of Receipt
	Mailing Address 14 STUYVESANT BLVD.		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	NEW YORK	NY	10009
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer SERVICE EMPLOYEES INT'L UNION		Occupation VICE PRESIDENT	Transaction ID: SA11AI.7213
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	Amount of Each Receipt this Period <input type="text" value="40.00"/>
			PAYROLL DEDUCTION OF \$40

C.	Full Name (Last, First, Middle Initial) DENNIS RIVERA		Date of Receipt
	Mailing Address 14 STUYVESANT BLVD.		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	NEW YORK	NY	10009
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer SERVICE EMPLOYEES INT'L UNION		Occupation VICE PRESIDENT	Transaction ID: SA11AI.7214
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="440.00"/>	Amount of Each Receipt this Period <input type="text" value="40.00"/>
			PAYROLL DEDUCTION OF \$40

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="180.00"/>
TOTAL 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: (check only one)	PAGE 55 / 95
	<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	

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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) GLADYS RIVERA	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 571 WYTHE AVENUE APT. 8N	Transaction ID: SA11AI.7218
	City State Zip Code BROOKLYN NY 11211	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$40
	Name of Employer Occupation PEOPLE CARE UNKNOWN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) JUDITH RODRIGUEZ	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 3576 DEKALB AVENUE #5H	Transaction ID: SA11AI.7221
	City State Zip Code BRONX NY 10467	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$40
	Name of Employer Occupation THE CARING NEIGHBOR, INC HOME ATTENDANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) JUDITH RODRIGUEZ	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 3576 DEKALB AVENUE #5H	Transaction ID: SA11AI.7222
	City State Zip Code BRONX NY 10467	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$40
	Name of Employer Occupation THE CARING NEIGHBOR, INC HOME ATTENDANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL 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 56 / 95
	<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

A.	Full Name (Last, First, Middle Initial) RAMON RODRIGUEZ		Date of Receipt
	Mailing Address P.O. BOX 741		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	NEW YORK	NY	10108
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7225
Name of Employer 1199 SEIU		Occupation EDUCATION COORDINATOR	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 ▼ 215.00	<input type="text" value="25.00"/>
			PAYROLL DEDUCTION OF \$25

B.	Full Name (Last, First, Middle Initial) ANA ROSADO-MARCANO		Date of Receipt
	Mailing Address 2354 CAMBRELENG AVENUE APT B3		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	BRONX	NY	10458
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7227
Name of Employer 1199 SEIU		Occupation ORGANIZER	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 ▼ 210.00	<input type="text" value="30.00"/>
			PAYROLL DEDUCTION OF \$30

C.	Full Name (Last, First, Middle Initial) ANA ROSADO-MARCANO		Date of Receipt
	Mailing Address 2354 CAMBRELENG AVENUE APT B3		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	BRONX	NY	10458
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7228
Name of Employer 1199 SEIU		Occupation ORGANIZER	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" value="30.00"/>
			PAYROLL DEDUCTION OF \$30

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="85.00"/>
TOTAL 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: (check only one)	PAGE 57 / 95
	<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

A.	Full Name (Last, First, Middle Initial) ANA ROSADO-MARCANO	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 2354 CAMBRELENG AVENUE APT B3	Transaction ID: SA11AI.7229
	City BRONX State NY Zip Code 10458	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$30
	Name of Employer 1199 SEIU Occupation ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 270.00	

B.	Full Name (Last, First, Middle Initial) ONIKA RUSSELL	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 543 EAST 21ST STREET APT E1	Transaction ID: SA11AI.7232
	City BROOKLYN State NY Zip Code 11226	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$20
	Name of Employer BROOKDALE HOSPITAL MEDICAL CTR Occupation CLERK, ADMITTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 220.00	

C.	Full Name (Last, First, Middle Initial) RICHARD SCHERB	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 1163 LAKE AVENUE	Transaction ID: SA11AI.7235
	City CLARK State NJ Zip Code 07066	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$25
	Name of Employer LUTHERAN MEDICAL CENTER Occupation PARAMEDIC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 212.50	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL 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: PAGE 58 / 95

(check only one)

<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

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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)
RICHARD SCHERB

Mailing Address 1163 LAKE AVENUE

City State Zip Code
CLARK NJ 07066

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

Name of Employer Occupation
LUTHERAN MEDICAL CENTER PARAMEDIC

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 237.50

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11AI.7236

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION OF \$25

B.

Full Name (Last, First, Middle Initial)
RICHARD SCHERB

Mailing Address 1163 LAKE AVENUE

City State Zip Code
CLARK NJ 07066

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

Name of Employer Occupation
LUTHERAN MEDICAL CENTER PARAMEDIC

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 31 / 2009

Transaction ID: SA11AI.7237

Amount of Each Receipt this Period

37.50

PAYROLL DEDUCTION OF \$37.-50

C.

Full Name (Last, First, Middle Initial)
USHA SHARMA

Mailing Address 43-19 165 STREET
APT 3B

City State Zip Code
FLUSHING NY 11388

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

Name of Employer Occupation
REGAL HEIGHTS REHAB AND HEALTH UNKNOWN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2009

Transaction ID: SA11AI.7240

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION OF \$30

SUBTOTAL of Receipts This Page (optional)

92.50

TOTAL 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: PAGE 59 / 95
(check only one)

<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

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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) USHA SHARMA		Date of Receipt MM / DD / YYYY 08 / 31 / 2009
Mailing Address 43-19 165 STREET APT 3B		Transaction ID: SA11AI.7241
City FLUSHING	State NY	Zip Code 11388
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer REGAL HEIGHTS REHAB AND HEALTH	Occupation UNKNOWN	PAYROLL DEDUCTION OF \$50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

B.

Full Name (Last, First, Middle Initial) USHA SHARMA		Date of Receipt MM / DD / YYYY 09 / 30 / 2009
Mailing Address 43-19 165 STREET APT 3B		Transaction ID: SA11AI.7242
City FLUSHING	State NY	Zip Code 11388
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer REGAL HEIGHTS REHAB AND HEALTH	Occupation UNKNOWN	PAYROLL DEDUCTION OF \$40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

C.

Full Name (Last, First, Middle Initial) USHA SHARMA		Date of Receipt MM / DD / YYYY 10 / 31 / 2009
Mailing Address 43-19 165 STREET APT 3B		Transaction ID: SA11AI.7243
City FLUSHING	State NY	Zip Code 11388
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer REGAL HEIGHTS REHAB AND HEALTH	Occupation UNKNOWN	PAYROLL DEDUCTION OF \$40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	▶	130.00
TOTAL 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: PAGE 60 / 95
(check only one)

<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

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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) JESSICA SHEARER		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
Mailing Address 54 SAINT FELIX STREET APT. 1		Transaction ID: SA11AI.7245
City BROOKLYN	State NY	Zip Code 11217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.00
Name of Employer 1199 SEIU	Occupation DIRECTOR	PAYROLL DEDUCTION OF \$96
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

B.

Full Name (Last, First, Middle Initial) JESSICA SHEARER		Date of Receipt MM / DD / YYYY 08 / 31 / 2009
Mailing Address 54 SAINT FELIX STREET APT. 1		Transaction ID: SA11AI.7246
City BROOKLYN	State NY	Zip Code 11217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 48.00
Name of Employer 1199 SEIU	Occupation DIRECTOR	PAYROLL DEDUCTION OF \$48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

C.

Full Name (Last, First, Middle Initial) JESSICA SHEARER		Date of Receipt MM / DD / YYYY 09 / 30 / 2009
Mailing Address 54 SAINT FELIX STREET APT. 1		Transaction ID: SA11AI.7247
City BROOKLYN	State NY	Zip Code 11217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 48.00
Name of Employer 1199 SEIU	Occupation DIRECTOR	PAYROLL DEDUCTION OF \$48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.00	

SUBTOTAL of Receipts This Page (optional)	▶	192.00
TOTAL 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 61 / 95
	<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	

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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) JESSICA SHEARER	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 54 SAINT FELIX STREET APT. 1	Transaction ID: SA11AI.7248
	City State Zip Code BROOKLYN NY 11217	Amount of Each Receipt this Period 48.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$48
	Name of Employer 1199 SEIU Occupation DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 432.00	

B.	Full Name (Last, First, Middle Initial) NEVA SHILLINGFORD	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 952 E 218TH STREET	Transaction ID: SA11AI.7251
	City State Zip Code BRONX NY 10469-1006	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$100
	Name of Employer 1199 SEIU Occupation EXECUTIVE VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 300.00	

C.	Full Name (Last, First, Middle Initial) NEVA SHILLINGFORD	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 952 E 218TH STREET	Transaction ID: SA11AI.7252
	City State Zip Code BRONX NY 10469-1006	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$50
	Name of Employer 1199 SEIU Occupation EXECUTIVE VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional)	198.00
TOTAL 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 62 / 95
	<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	

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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) NEVA SHILLINGFORD		Date of Receipt
	Mailing Address 952 E 218TH STREET		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	BRONX	NY	10469-1006
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7253
Name of Employer 1199 SEIU		Occupation EXECUTIVE VICE PRESIDENT	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 ▼ 400.00	<input type="text" value="50.00"/>
			PAYROLL DEDUCTION OF \$50

B.	Full Name (Last, First, Middle Initial) NEVA SHILLINGFORD		Date of Receipt
	Mailing Address 952 E 218TH STREET		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	BRONX	NY	10469-1006
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7254
Name of Employer 1199 SEIU		Occupation EXECUTIVE VICE PRESIDENT	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 ▼ 450.00	<input type="text" value="50.00"/>
			PAYROLL DEDUCTION OF \$50

C.	Full Name (Last, First, Middle Initial) SAMUEL SIERRA		Date of Receipt
	Mailing Address 1859 MADISON STREET APT. 3R		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	RIDGEWOOD	NY	11385
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7257
Name of Employer LUTHERAN MEDICAL CENTER		Occupation SENIOR PATIENT SERVICE ASSOC.	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 ▼ 225.00	<input type="text" value="30.00"/>
			PAYROLL DEDUCTION OF \$30

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="130.00"/>
TOTAL 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 63 / 95
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) SAMUEL SIERRA		Date of Receipt	
	Mailing Address 1859 MADISON STREET APT. 3R		M M / D D / Y Y Y Y Y 08 / 31 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.7258
	RIDGEWOOD	NY	11385	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		30.00	
Name of Employer LUTHERAN MEDICAL CENTER		Occupation SENIOR PATIENT SERVICE ASSOC.		PAYROLL DEDUCTION OF \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		255.00		

B.	Full Name (Last, First, Middle Initial) SAMUEL SIERRA		Date of Receipt	
	Mailing Address 1859 MADISON STREET APT. 3R		M M / D D / Y Y Y Y Y 09 / 30 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.7259
	RIDGEWOOD	NY	11385	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		30.00	
Name of Employer LUTHERAN MEDICAL CENTER		Occupation SENIOR PATIENT SERVICE ASSOC.		PAYROLL DEDUCTION OF \$30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		285.00		

C.	Full Name (Last, First, Middle Initial) SAMUEL SIERRA		Date of Receipt	
	Mailing Address 1859 MADISON STREET APT. 3R		M M / D D / Y Y Y Y Y 10 / 31 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.7260
	RIDGEWOOD	NY	11385	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		45.00	
Name of Employer LUTHERAN MEDICAL CENTER		Occupation SENIOR PATIENT SERVICE ASSOC.		PAYROLL DEDUCTION OF \$45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		330.00		

SUBTOTAL of Receipts This Page (optional)	▶	105.00
TOTAL 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 64 / 95
	<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

A.	Full Name (Last, First, Middle Initial) BYRON SMITH	Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2009
	Mailing Address 1878 ADAM CLAYTON POWELL JR APT. 27	Transaction ID: SA11AI.7262
	City State Zip Code NEW YORK NY 10026-2834	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$25
	Name of Employer 1199 SEIU Occupation ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) SHANTAE SMITH	Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2009
	Mailing Address 6535 HILMAR DRIVE APT 102	Transaction ID: SA11AI.7265
	City State Zip Code FORESTVILLE MD 20747	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$40
	Name of Employer THI-FORESTVILLE Occupation GERIATRIC NURSE AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) CLARE THOMPSON	Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2009
	Mailing Address 1075 ANNA STREET	Transaction ID: SA11AI.7268
	City State Zip Code TEANECK NJ 07666	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$25
	Name of Employer 1199 SEIU Occupation VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL 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: PAGE 65 / 95

(check only one)

<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

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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) ALISON TROCCOLI-COHEN		Date of Receipt MM / DD / YYYY 10 / 31 / 2009		
	Mailing Address 57 GATEWAY DRIVE		Transaction ID: SA11AI.7270		
	City STATEN ISLAND	State NY	Zip Code 10304	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION OF \$30		
Name of Employer STATEN ISLAND UNIVERSITY HOSP.		Occupation POLYSOMNOGRAPHER TECHNICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00			

B.	Full Name (Last, First, Middle Initial) MICHAEL TUREK		Date of Receipt MM / DD / YYYY 07 / 31 / 2009		
	Mailing Address 601 WEST 57TH STREET		Transaction ID: SA11AI.7273		
	City NEW YORK	State NY	Zip Code 10019	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION OF \$50		
Name of Employer REGAL HEIGHTS REHAB AND HEALTH		Occupation UNKNOWN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

C.	Full Name (Last, First, Middle Initial) MICHAEL TUREK		Date of Receipt MM / DD / YYYY 08 / 31 / 2009		
	Mailing Address 601 WEST 57TH STREET		Transaction ID: SA11AI.7274		
	City NEW YORK	State NY	Zip Code 10019	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		PAYROLL DEDUCTION OF \$40		
Name of Employer REGAL HEIGHTS REHAB AND HEALTH		Occupation UNKNOWN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00			

SUBTOTAL of Receipts This Page (optional) ▶

120.00

TOTAL 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: PAGE 66 / 95
(check only one)

<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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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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)
MICHAEL TUREK

Mailing Address 601 WEST 57TH STREET

City State Zip Code
NEW YORK NY 10019

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

Name of Employer REGAL HEIGHTS REHAB AND HEALTH
Occupation UNKNOWN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11AI.7275

Amount of Each Receipt this Period
40.00

PAYROLL DEDUCTION OF \$40

B.

Full Name (Last, First, Middle Initial)
VERONICA TURNER-BIGGS

Mailing Address 7009 BUCHANAN ROAD

City State Zip Code
CAMP SPRINGS MD 20748

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

Name of Employer 1199 SEIU
Occupation UNKNOWN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11AI.7278

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTION OF \$25

C.

Full Name (Last, First, Middle Initial)
MARIA BERNADETTE UY

Mailing Address 84-33 56TH AVENUE
FL. 1

City State Zip Code
ELMHURST NY 11373

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

Name of Employer WORKERS CIRCLE-144
Occupation REGISTERED NURSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: SA11AI.7280

Amount of Each Receipt this Period
90.00

PAYROLL DEDUCTION OF \$90

SUBTOTAL of Receipts This Page (optional) ► **155.00**

TOTAL 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 67 / 95
	<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

A.	Full Name (Last, First, Middle Initial) MARIA BERNADETTE UY	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 84-33 56TH AVENUE FL. 1	Transaction ID: SA11AI.7281
	City ELMHURST State NY Zip Code 11373	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$40
	Name of Employer WORKERS CIRCLE-144 Occupation REGISTERED NURSE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00	

B.	Full Name (Last, First, Middle Initial) MARIA BERNADETTE UY	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 84-33 56TH AVENUE FL. 1	Transaction ID: SA11AI.7282
	City ELMHURST State NY Zip Code 11373	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$60
	Name of Employer WORKERS CIRCLE-144 Occupation REGISTERED NURSE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) MARIA BERNADETTE UY	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 84-33 56TH AVENUE FL. 1	Transaction ID: SA11AI.7283
	City ELMHURST State NY Zip Code 11373	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION OF \$20
	Name of Employer WORKERS CIRCLE-144 Occupation REGISTERED NURSE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 410.00	

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL 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: PAGE 68 / 95
(check only one)

<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			

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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) LORNA VALDEZ		Date of Receipt MM / DD / YYYY 09 / 30 / 2009
Mailing Address 9446 116TH STREET		Transaction ID: SA11AI.7287
City State Zip Code S. RICHMOND HILL NY 11419	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 160.00
Name of Employer JAMAICA HOSPITAL	Occupation REGISTERED NURSE	PAYROLL DEDUCTION OF \$160
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

B.

Full Name (Last, First, Middle Initial) SUSAN VANETTEN		Date of Receipt MM / DD / YYYY 09 / 30 / 2009
Mailing Address 208 AVENUE O		Transaction ID: SA11AI.7290
City State Zip Code MATAMORAS PA 18336	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer HORTON CAMPUS ORMC	Occupation DP REGISTERED NURSE	PAYROLL DEDUCTION OF \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.

Full Name (Last, First, Middle Initial) SUSAN VANETTEN		Date of Receipt MM / DD / YYYY 10 / 31 / 2009
Mailing Address 208 AVENUE O		Transaction ID: SA11AI.7291
City State Zip Code MATAMORAS PA 18336	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer HORTON CAMPUS ORMC	Occupation DP REGISTERED NURSE	PAYROLL DEDUCTION OF \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	210.00
TOTAL 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 69 / 95
	<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	

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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) ANA VAZQUEZ		Date of Receipt
	Mailing Address 1 ESSEX STREET		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	AMSTERDAM	NY	12010
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer 1199 SEIU		Occupation ORGANIZER	Transaction ID: SA11AI.7295
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="240.00"/>	<input type="text" value="40.00"/>
PAYROLL DEDUCTION OF \$40			

B.	Full Name (Last, First, Middle Initial) ANA VAZQUEZ		Date of Receipt
	Mailing Address 1 ESSEX STREET		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	AMSTERDAM	NY	12010
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer 1199 SEIU		Occupation ORGANIZER	Transaction ID: SA11AI.7296
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="280.00"/>	<input type="text" value="40.00"/>
PAYROLL DEDUCTION OF \$40			

C.	Full Name (Last, First, Middle Initial) ANA VAZQUEZ		Date of Receipt
	Mailing Address 1 ESSEX STREET		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	AMSTERDAM	NY	12010
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer 1199 SEIU		Occupation ORGANIZER	Transaction ID: SA11AI.7297
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="320.00"/>	<input type="text" value="40.00"/>
PAYROLL DEDUCTION OF \$40			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="120.00"/>
TOTAL 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: (check only one)	PAGE 70 / 95
	<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

A.	Full Name (Last, First, Middle Initial) ANA VAZQUEZ		Date of Receipt
	Mailing Address 1 ESSEX STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	AMSTERDAM	NY	12010
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7298
Name of Employer 1199 SEIU		Occupation ORGANIZER	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 ▼	<input type="text"/> 40.00
		<input type="text"/> 360.00	PAYROLL DEDUCTION OF \$40

B.	Full Name (Last, First, Middle Initial) JEFFREY VOGEL		Date of Receipt
	Mailing Address 4801 42ND STREET, APT 4D		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	SUNNYSIDE	NY	11104
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7300
Name of Employer BETH ISRAEL MEDICAL CTR-P-ETRIE		Occupation TECHNICAL/PROFESSIONAL	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 ▼	<input type="text"/> 25.00
		<input type="text"/> 225.00	PAYROLL DEDUCTION OF \$25

C.	Full Name (Last, First, Middle Initial) LAWRENCE WALKER		Date of Receipt
	Mailing Address 3471 SEYMOUR AVENUE #4B		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	BRONX	NY	10469
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7303
Name of Employer RITE AID		Occupation CASHIER/CLERK	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 ▼	<input type="text"/> 9.24
		<input type="text"/> 201.64	PAYROLL DEDUCTION OF \$9.24

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 74.24
TOTAL 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 71 / 95

(check only one)

<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

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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)
LOIS WILLIAMS

Mailing Address 1646 EAST 96TH STREET

City State Zip Code
BROOKLYN NY 11236

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

Name of Employer Occupation
HOLY FAMILY HOME NURSING ASSISTANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 213.75

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11AI.7306

Amount of Each Receipt this Period

23.75

PAYROLL DEDUCTION OF \$23.-75

B.

Full Name (Last, First, Middle Initial)
BENICIA WILLIAMS-DELACRUZ

Mailing Address 747 MCDONOUGH STREET
1B

City State Zip Code
BROOKLYN NY 11233

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

Name of Employer Occupation
1199 SEIU ORGANIZER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: SA11AI.7308

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION OF \$30

C.

Full Name (Last, First, Middle Initial)
BENICIA WILLIAMS-DELACRUZ

Mailing Address 747 MCDONOUGH STREET
1B

City State Zip Code
BROOKLYN NY 11233

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

Name of Employer Occupation
1199 SEIU ORGANIZER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2009

Transaction ID: SA11AI.7309

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION OF \$30

SUBTOTAL of Receipts This Page (optional)

83.75

TOTAL 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: PAGE 72 / 95

(check only one)

<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

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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)
BENICIA WILLIAMS-DELACRUZ

Mailing Address 747 MCDONOUGH STREET
1B

City State Zip Code
BROOKLYN NY 11233

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

Name of Employer Occupation
1199 SEIU ORGANIZER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

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

Transaction ID: SA11AI.7310

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION OF \$30

B.

Full Name (Last, First, Middle Initial)
FLORENCE WILSON

Mailing Address 127 SOMERS STREET

City State Zip Code
BROOKLYN NY 11233

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

Name of Employer Occupation
REGIS HEIGHTS REHAB AND HEALTH UNKNOWN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

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

Transaction ID: SA11AI.7313

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION OF \$40

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

8827.39

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 73 / 95	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 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) TD BANK		Date of Receipt																					
	Mailing Address 1710 ROUTE 70 EAST		<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>1</td><td>1</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	3	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	2	3	/	2	0	0	9														
	City State Zip Code CHERRY HILL NJ 08034		Transaction ID: SA17.6925																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 776.70																						
Name of Employer Occupation		INTEREST INCOME																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 829.79																						

SUBTOTAL of Receipts This Page (optional)	▶	776.70
TOTAL This Period (last page this line number only)	▶	776.70

**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 74 / 95

<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.6927

Date of Disbursement

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

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL 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 75 / 95

<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

A. Full Name (Last, First, Middle Initial) SEIU COPE FUND <hr/> Mailing Address 1313 L STREET, NW <hr/> City WASHINGTON State DC Zip Code 20005 <hr/> Purpose of Disbursement TRANSFER Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB22.6929 Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2009
	Amount of Each Disbursement this Period 645769.00
B. Full Name (Last, First, Middle Initial) SEIU COPE FUND <hr/> Mailing Address 1313 L STREET, NW <hr/> City WASHINGTON State DC Zip Code 20005 <hr/> Purpose of Disbursement TRANSFER Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB22.6928 Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2009
	Amount of Each Disbursement this Period 1871280.00

SUBTOTAL of Disbursements This Page (optional) ►

2517049.00

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

2517049.00

**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 76 / 95

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) NEW JERSEY DEMOCRATIC STATE COMMITTEE <hr/> Mailing Address 196 WEST STATE STREET <hr/> City TRENTON State NJ Zip Code 08608 <hr/> Purpose of Disbursement CONTRIBUTION 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) ▼	Transaction ID: SB23.6940 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
B. Full Name (Last, First, Middle Initial) NEW YORK STATE DEMOCRATIC COMMITTEE <hr/> Mailing Address 461 PARK AVENUE SOUTH 10TH FL. <hr/> City NEW YORK State NY Zip Code 10016 <hr/> Purpose of Disbursement CONTRIBUTION 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) ▼	Transaction ID: SB23.6942 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	10000.00

**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 77 / 95

<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) VALERIE BULLOCK	Transaction ID: SB28A.6933 Date of Disbursement 10 / 07 / 2009	
	Mailing Address 9501 SCHENCK STREET APT. 3		
	City BROOKLYN State NY Zip Code 11236	Amount of Each Disbursement this Period 20.00	
	Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION		
	Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/ Type	
B.	Full Name (Last, First, Middle Initial) ERIN MCELROY DAUCH	Transaction ID: SB28A.6935 Date of Disbursement 10 / 08 / 2009	
	Mailing Address 18 ST. JAMES STREET		
	City WEST BABYLON State NY Zip Code 11904	Amount of Each Disbursement this Period 20.00	
	Purpose of Disbursement REFUND OF UNITEMIZED DEDUCTION		
	Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/ Type	
C.	Full Name (Last, First, Middle Initial) DENNY VAZQUEZ	Transaction ID: SB28A.6931 Date of Disbursement 08 / 19 / 2009	
	Mailing Address 3394 WAYNE AVENUE APT E41		
	City BRONX State NY Zip Code 10467	Amount of Each Disbursement this Period 150.00	
	Purpose of Disbursement REFUND OF UNITEMIZED CONTRIBUTION		
	Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional)	190.00
TOTAL This Period (last page this line number only)	190.00

**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 78 / 95

<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 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND

Mailing Address 330 WEST 42ND STREET, 7TH FLOOR

City State Zip Code
NEW YORK NY 10036

Purpose of Disbursement
REFUND OF DEPOSIT INTO WRONG ACCOUNT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6938

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2009

Amount of Each Disbursement this Period

2671.04

B.

Full Name (Last, First, Middle Initial)

SEIU HEALTH AND WELFARE FUND

Mailing Address P.O. BOX 66396

City State Zip Code
WASHINGTON DC 20035

Purpose of Disbursement
MEDICAL INSURANCE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6946

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2009

Amount of Each Disbursement this Period

12177.11

SUBTOTAL of Disbursements This Page (optional)

14848.15

TOTAL This Period (last page this line number only)

14848.15

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period <input type="text" value="8091.98"/>		Transaction ID: SD10.6240	
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="8091.98"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="65588.32"/>		Transaction ID: SD10.6241	
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="65588.32"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period <input type="text" value="14545.49"/>		Transaction ID: SD10.6242	
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="14545.49"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="88225.79"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period 3157.42		Transaction ID: SD10.6243	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3157.42	

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

Outstanding Balance Beginning This Period 56833.56		Transaction ID: SD10.6244	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 56833.56	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period 82522.06		Transaction ID: SD10.6245	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 82522.06	

1) SUBTOTALS This Period This Page (optional).....	142513.04
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 81 / 95
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State ZIP Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period <input type="text" value="78033.76"/>	Transaction ID: SD10.6246	
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="78033.76"/>

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

Outstanding Balance Beginning This Period <input type="text" value="2812.96"/>	Transaction ID: SD10.6247	
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="2812.96"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST	Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET	
City State ZIP Code NEW YORK NY 10036	

Outstanding Balance Beginning This Period <input type="text" value="5095.64"/>	Transaction ID: SD10.6248	
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="5095.64"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="85942.36"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period 12962.04		Transaction ID: SD10.6249	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12962.04	

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

Outstanding Balance Beginning This Period 10997.70		Transaction ID: SD10.6284	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10997.70	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period 7231.75		Transaction ID: SD10.6285	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7231.75	

1) SUBTOTALS This Period This Page (optional).....	31191.49
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period 3434.67		Transaction ID: SD10.6286	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3434.67	

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

Outstanding Balance Beginning This Period 16789.92		Transaction ID: SD10.6287	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16789.92	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU UNITED HEALTHCARE WORKERS EAST			Nature of Debt (Purpose): REIMBURSE STAFF SALARIES AND BENEFITS
Mailing Address 330 WEST 42ND STREET			
City NEW YORK	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period 9286.03		Transaction ID: SD10.6288	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9286.03	

1) SUBTOTALS This Period This Page (optional).....	29510.62
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMERICAN EXPRESS			Nature of Debt (Purpose): CATERING
Mailing Address P.O. BOX 2855			
City NEW YORK	State NY	ZIP Code 10116-2855	

Outstanding Balance Beginning This Period <input type="text" value="240.00"/>		Transaction ID: SD10.6289	
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="240.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AVIS RENT A CAR SYSTEM, INC.			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address 7876 COLLECTIONS CTR DRIVE			
City CHICAGO	State IL	ZIP Code 60693	

Outstanding Balance Beginning This Period <input type="text" value="1156.12"/>		Transaction ID: SD10.6540	
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="1156.12"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor JENNY BAUER			Nature of Debt (Purpose): REIMBURSEMENT FOR CATERING EXPENSES
Mailing Address 2 WILCOTT PARK			
City MEDFORD	State MA	ZIP Code 02155	

Outstanding Balance Beginning This Period <input type="text" value="43.65"/>		Transaction ID: SD10.6541	
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="43.65"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1439.77"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor LILLIAN CARINO			Nature of Debt (Purpose): REIMBURSEMENT FOR TRAVEL EXPENSES
Mailing Address 327 SAINT NICHOLAS AVENUE APT. 2N			
City NEW YORK	State NY	ZIP Code 10027-3609	

Outstanding Balance Beginning This Period <input type="text" value="45.00"/>		Transaction ID: SD10.6508	
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="45.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KNICKERBOCKER SKD			Nature of Debt (Purpose): IE TV BUY
Mailing Address 594 BROADWAY, SUITE 610			
City NEW YORK	State NY	ZIP Code 10012	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.7360	
Amount Incurred This Period <input type="text" value="8000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="8000.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NOVAK MEDIA INC.			Nature of Debt (Purpose): RADIO BUY & PRODUCTION
Mailing Address 159 WEST MAIN STREET			
City WEBSTER	State NY	ZIP Code 14580	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.7361	
Amount Incurred This Period <input type="text" value="25350.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25350.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="33395.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ANTONELLA PECHTEL			Nature of Debt (Purpose): REIMBURSEMENT CATERING EXPENSE
Mailing Address 401 ROSE AVE			
City SCHENECTADY	State NY	ZIP Code 12308	

Outstanding Balance Beginning This Period 201.39		Transaction ID: SD10.6531	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 201.39	

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

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.7362	
Amount Incurred This Period 7054.74	Payment This Period 0.00	Outstanding Balance at Close of This Period 7054.74	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

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

1) SUBTOTALS This Period This Page (optional).....	9153.60
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period		Transaction ID: SD10.6518	
1849.15			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1849.15	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): BEVERAGE EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period		Transaction ID: SD10.6519	
835.02			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	835.02	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period		Transaction ID: SD10.6520	
435.95			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	435.95	

1) SUBTOTALS This Period This Page (optional).....	▶	3120.12
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) 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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period <input type="text" value="1056.95"/>		Transaction ID: SD10.6521	
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="1056.95"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period <input type="text" value="2372.04"/>		Transaction ID: SD10.6522	
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="2372.04"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period <input type="text" value="367.37"/>		Transaction ID: SD10.6533	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="367.37"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="3796.36"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period 262.40		Transaction ID: SD10.6535	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 262.40	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period 477.00		Transaction ID: SD10.6536	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 477.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period 524.80		Transaction ID: SD10.6537	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 524.80	

1) SUBTOTALS This Period This Page (optional).....	▶	1264.20
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period 1115.00		Transaction ID: SD10.6538	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1115.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRAVEL EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period 419.84		Transaction ID: SD10.6539	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 419.84	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): TRANSPORTATION COSTS
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

Outstanding Balance Beginning This Period 539.45		Transaction ID: SD10.6545	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 539.45	

1) SUBTOTALS This Period This Page (optional).....	▶	2074.29
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNION TRAVEL MASTERCARD			Nature of Debt (Purpose): CATERING EXPENSES
Mailing Address P.O. BOX 88000			
City BALTIMORE	State MD	ZIP Code 21288	

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

1) SUBTOTALS This Period This Page (optional).....	▶	5776.76
2) TOTALS This Period (last page this line number only).....	▶	437403.40
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	437403.40

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 C C00348540
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
4900 GROUP

Mailing Address
2001 N. BEAUREGARD STREET
STE. 420

City ALEXANDRIA	State VA	Zip Code 22311
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Purpose of Expenditure POSTCARD MAILERS, PR- DUCTION & ESTIMATED POSTAGE & SHIPPING	Category/ Type <input type="text"/>
---	--

Name of Federal Candidate supported or Opposed by expenditure:
BILL OWENS

Calendar Year-To-Date Per Election for Office Sought	140692.31
---	------------------

Date
M M / D D / Y Y Y Y
10 / 19 / 2009

Amount
40692.31

Transaction ID: SE.6885

Office Sought: House State: NY
 Senate District: 23
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : Special-General
2009

Full Name (Last, First, Middle, Initial) of Payee
4900 GROUP

Mailing Address
2001 N. BEAUREGARD STREET
STE. 420

City ALEXANDRIA	State VA	Zip Code 22311
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Purpose of Expenditure POSTCARD MAILERS-PRO- DUCTION & ESTIMATED POSTAGE & SHIPPING	Category/ Type <input type="text"/>
---	--

Name of Federal Candidate supported or Opposed by expenditure:
BILL OWENS

Calendar Year-To-Date Per Election for Office Sought	181781.83
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Date
M M / D D / Y Y Y Y
10 / 19 / 2009

Amount
41089.52

Transaction ID: SE.6919

Office Sought: House State: NY
 Senate District: 23
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : Special-General
2009

(a) SUBTOTAL of Itemized Independent Expenditures	81781.83
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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

KEVIN FINNEGAN
Signature

Date M M / D D / Y Y Y Y
01 / 20 / 2010

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 C C00348540
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
KNICKERBOCKER SKD

Date
M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 9

Mailing Address
594 BROADWAY, SUITE 610

Amount
8000.00

City State Zip Code
NEW YORK NY 10012

Transaction ID: SE.7355

Purpose of Expenditure
IE TV BUY

Category/
Type

Office Sought: House State: NY
 Senate District: 23
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
BILL OWENS

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 342311.83

Disbursement For: Primary General
 Other (specify) : Special-General
2009
[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
NOVAK MEDIA INC.

Date
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 9

Mailing Address
159 WEST MAIN STREET

Amount
100000.00

City State Zip Code
WEBSTER NY 14580

Transaction ID: SE.6858

Purpose of Expenditure
RADIO BUY, PRODUCTION
OF TWO ADS & RESERVE
FOR SHIPPING

Category/
Type

Office Sought: House State: NY
 Senate District: 23
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
BILL OWENS

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 100000.00

Disbursement For: Primary General
 Other (specify) : Special-General
2009

(a) SUBTOTAL of Itemized Independent Expenditures	100000.00
(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.

Signature
KEVIN FINNEGAN

Date
M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 1 0

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 C C00348540
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
NOVAK MEDIA INC.

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	0	9

Mailing Address
159 WEST MAIN STREET

Amount

25350.00

City WEBSTER	State NY	Zip Code 14580
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Transaction ID: SE.7357

Purpose of Expenditure RADIO BUY & PRODUCTI- ON	Category/ Type
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Office Sought: House State: NY
 Senate District: 23
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
BILL OWENS

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	374716.57
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Disbursement For: Primary General
 Other (specify) : Special-General
 2009
[MEMO ITEM]

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

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	0	9

Mailing Address
330 WEST 42ND STREET

Amount

7054.74

City NEW YORK	State NY	Zip Code 10036
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Transaction ID: SE.7356

Purpose of Expenditure ROBO CALLS	Category/ Type
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Office Sought: House State: NY
 Senate District: 23
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
BILL OWENS

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	349366.57
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Disbursement For: Primary General
 Other (specify) : Special-General
 2009
[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

KEVIN FINNEGAN
Signature

Date

M	M
0	1

 /

D	D
2	0

 /

Y	Y	Y	Y
2	0	1	0

**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 C C00348540
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee SQUIER KNAPP & DUNN COMMUNICATIONS INC		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 9
Mailing Address 1818 N STREET NW		Amount 152530.00
City State Zip Code WASHINGTON DC 20036		Transaction ID: SE.6896
Purpose of Expenditure MEDIA ADVERTISING TIME BUY ORDER-TV SPOT TOUGH TIMES		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: BILL OWENS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 334311.83		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Special-General 2009

(a) SUBTOTAL of Itemized Independent Expenditures	152530.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	334311.83
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
KEVIN FINNEGAN Signature	Date M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 0