

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2026"/>		81865.77
(b) Cash on Hand at Beginning of Reporting Period.....	81865.77	
(c) Total Receipts (from Line 19)	100510.99	100510.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	182376.76	182376.76
7. Total Disbursements (from Line 31).....	95858.44	95858.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	86518.32	86518.32
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)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

Report Covering the Period: From: / / To: / /

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).....	1429.78	1429.78
(ii) Unitemized	99081.21	99081.21
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	100510.99	100510.99
(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)	100510.99	100510.99
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (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)).....▶	100510.99	100510.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	100510.99	100510.99

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	42.00	42.00
(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)).....	42.00	42.00
29. Other Disbursements (Including Non-Federal Donations).....	95816.44	95816.44
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	95858.44	95858.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	95858.44	95858.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	100510.99	100510.99
34. Total Contribution Refunds (from Line 28(d))	42.00	42.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	100468.99	100468.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
	<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)
NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

A. CARMEN VELAZQUEZ, MARIA DEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 KAPPOCK STREET APT 17H
 City BRONX State NY Zip Code 10463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retiree Occupation (for Individual) Retiree
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 13 / 2026
Transaction ID : SA11AI.256324
 Amount of Each Receipt this Period 500.00
 Memo Item

B. GOSDA, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1942 CLIFTON PARK ROAD
 City SCHENECTADY State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retiree Occupation (for Individual) Retiree
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 13 / 2026
Transaction ID : SA11AI.256325
 Amount of Each Receipt this Period 500.00
 Memo Item

C. HIGGINS, NORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 BELVOIR CT
 City RIDGE State NY Zip Code 11961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retiree Occupation (for Individual) Retiree
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 03 / 31 / 2026
Transaction ID : SA11AI.263961
 Amount of Each Receipt this Period 56.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1056.00
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 7 OF 12
<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)
NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

A. HOWARD, GEORGE, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 14 STRONGHURST AVE
 City QUEENS VILLAGE State NY Zip Code 11427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYS- OFF OF INFO TECH SRVCS Occupation (for Individual) Information Technology Specialist 3 Da
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 25 / 2026
Transaction ID : SA11AI.263138
 Amount of Each Receipt this Period 40.00
 Memo Item

B. LEE, DING, Y, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2474 LAKESIDE DRIVE
 City BALDWIN State NY Zip Code 11510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retiree Occupation (for Individual) Retiree
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2026
Transaction ID : SA11AI.261050
 Amount of Each Receipt this Period 250.00
 Memo Item

C. LOZINSKY JR, THOMAS, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1275 COLVIN BLVD
 City BUFFALO State NY Zip Code 14223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYS- DOT REGION 5 Occupation (for Individual) Senr Engineering Technician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 209.45

Date of Receipt 03 / 11 / 2026
Transaction ID : SA11AI.259939
 Amount of Each Receipt this Period 41.89
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	331.89
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 8 OF 12
(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)
NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LOZINSKY JR, THOMAS, W, ,

Mailing Address 1275 COLVIN BLVD

City BUFFALO	State NY	Zip Code 14223
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NYS- DOT REGION 5	Occupation (for Individual) Senr Engineering Technician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2026

Transaction ID : SA11AI.262393

Amount of Each Receipt this Period
41.89

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	41.89
TOTAL This Period (last page this line number only).....	1429.78

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)

NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

Full Name (Last, First, Middle Initial)

A. AMERICAN FEDERATION OF TEACHERS

Mailing Address 555 NEW JERSEY AVE

City
WASHINGTON

State
DC

Zip Code
20001

Purpose of Disbursement
BI-MONTHLY TRANSFER TO PARENT ORGANIZATION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	2	6

FEC Identification Number

Transaction ID : SB29.248398
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN FEDERATION OF TEACHERS

Mailing Address 555 NEW JERSEY AVE

City
WASHINGTON

State
DC

Zip Code
20001

Purpose of Disbursement
BI-MONTHLY TRANSFER TO PARENT ORGANIZATION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	2	6

FEC Identification Number

Transaction ID : SB29.248398
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN FEDERATION OF TEACHERS

Mailing Address 555 NEW JERSEY AVE

City
WASHINGTON

State
DC

Zip Code
20001

Purpose of Disbursement
BI-MONTHLY TRANSFER TO PARENT ORGANIZATION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	2	6

FEC Identification Number

Transaction ID : SB29.248398
 Amount of Each Disbursement this Period

Memo Item

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

Full Name (Last, First, Middle Initial)

A. AMERICAN FEDERATION OF TEACHERS

Mailing Address 555 NEW JERSEY AVE

City
WASHINGTON

State
DC

Zip Code
20001

Purpose of Disbursement
BI-MONTHLY TRANSFER TO PARENT ORGANIZATION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	2	6

FEC Identification Number

Transaction ID : SB29.248401
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN FEDERATION OF TEACHERS

Mailing Address 555 NEW JERSEY AVE

City
WASHINGTON

State
DC

Zip Code
20001

Purpose of Disbursement
BI-MONTHLY TRANSFER TO PARENT ORGANIZATION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	2	6

FEC Identification Number

Transaction ID : SB29.248403
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN FEDERATION OF TEACHERS

Mailing Address 555 NEW JERSEY AVE

City
WASHINGTON

State
DC

Zip Code
20001

Purpose of Disbursement
BI-MONTHLY TRANSFER TO PARENT ORGANIZATION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	2	6

FEC Identification Number

Transaction ID : SB29.248405
 Amount of Each Disbursement this Period

Memo Item

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

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

<input type="text" value="26152.69"/>
<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)

NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

Full Name (Last, First, Middle Initial)

A. SERVICE EMPLOYEES INTERNATIONAL UNION (SEIU)

Mailing Address 1800 MASSACHUSETTS AVE

City
WASHINGTON

State
DC

Zip Code
20036

Purpose of Disbursement

BI-MONTHLY TRANSFER TO PARENT ORGANIZATION

008

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.248395

Amount of Each Disbursement this Period

[REDACTED] 7268.58

Memo Item

Full Name (Last, First, Middle Initial)

B. SERVICE EMPLOYEES INTERNATIONAL UNION (SEIU)

Mailing Address 1800 MASSACHUSETTS AVE

City
WASHINGTON

State
DC

Zip Code
20036

Purpose of Disbursement

BI-MONTHLY TRANSFER TO PARENT ORGANIZATION

008

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.248397

Amount of Each Disbursement this Period

[REDACTED] 8755.61

Memo Item

Full Name (Last, First, Middle Initial)

C. SERVICE EMPLOYEES INTERNATIONAL UNION (SEIU)

Mailing Address 1800 MASSACHUSETTS AVE

City
WASHINGTON

State
DC

Zip Code
20036

Purpose of Disbursement

BI-MONTHLY TRANSFER TO PARENT ORGANIZATION

008

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.248400

Amount of Each Disbursement this Period

[REDACTED] 5720.84

Memo Item

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

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

[REDACTED] 21745.03

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)

NEW YORK STATE PUBLIC EMPLOYEES FEDERATION - COPE

Full Name (Last, First, Middle Initial)

A. SERVICE EMPLOYEES INTERNATIONAL UNION (SEIU)

Mailing Address 1800 MASSACHUSETTS AVE

City
WASHINGTON

State
DC

Zip Code
20036

Purpose of Disbursement
BI-MONTHLY TRANSFER TO PARENT ORGANIZATION

008
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.248402
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SERVICE EMPLOYEES INTERNATIONAL UNION (SEIU)

Mailing Address 1800 MASSACHUSETTS AVE

City
WASHINGTON

State
DC

Zip Code
20036

Purpose of Disbursement
BI-MONTHLY TRANSFER TO PARENT ORGANIZATION

008
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.248404
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SERVICE EMPLOYEES INTERNATIONAL UNION (SEIU)

Mailing Address 1800 MASSACHUSETTS AVE

City
WASHINGTON

State
DC

Zip Code
20036

Purpose of Disbursement
BI-MONTHLY TRANSFER TO PARENT ORGANIZATION

008
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.248406
Amount of Each Disbursement this Period

Memo Item

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

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