

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
1199 SEIU United Healthcare Workers East Federal Political Action Fund

ADDRESS (number and street) 498 Seventh Ave
24th Floor
New York NY 10018
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C 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 (selected), 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

5. Covering Period 01 / 01 / 2025 through 06 / 30 / 2025

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 Schaub, Helen, , ,

Signature of Treasurer Schaub, Helen, , , Date 03 / 30 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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="2025"/>	<input type="text" value="2734298.52"/>	<input type="text" value="2734298.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2734298.52"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3336706.04"/>	<input type="text" value="3336706.04"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="6071004.56"/>	<input type="text" value="6071004.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3891711.56"/>	<input type="text" value="3891711.56"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2179293.00"/>	<input type="text" value="2179293.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="84936.89"/>	

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

1199 SEIU United Healthcare Workers East Federal Political Action Fund

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).....	2000.00	2000.00
(ii) Unitemized	3313369.74	3313369.74
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3315369.74	3315369.74
(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)	3315369.74	3315369.74
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.).....	21336.30	21336.30
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)).....▶	3336706.04	3336706.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3336706.04	3336706.04

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	351768.59	351768.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	351768.59	351768.59
22. Transfers to Affiliated/Other Party Committees.....	3490373.84	3490373.84
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	4531.00	4531.00
(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)).....	4531.00	4531.00
29. Other Disbursements (Including Non-Federal Donations).....	45038.13	45038.13
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)) ..	3891711.56	3891711.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3891711.56	3891711.56

DETAILED SUMMARY PAGE
of Disbursements

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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)	3315369.74	3315369.74
34. Total Contribution Refunds (from Line 28(d))	4531.00	4531.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3310838.74	3310838.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	351768.59	351768.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	351768.59	351768.59

**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 29
<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 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bozil, Lise, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 28 / 2025 Transaction ID : 7999498		
Mailing Address 947 Montgomery St Apt 5C			Amount of Each Receipt this Period 80.00		
City Brooklyn	State NY	Zip Code 11213-5728	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 260.00		
Name of Employer (for Individual) BHRAGS Home Care		Occupation (for Individual) Home Health Aide	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bozil, Lise, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2025 Transaction ID : 7999499		
Mailing Address 947 Montgomery St Apt 5C			Amount of Each Receipt this Period 80.00		
City Brooklyn	State NY	Zip Code 11213-5728	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 260.00		
Name of Employer (for Individual) BHRAGS Home Care		Occupation (for Individual) Home Health Aide	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bozil, Lise, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 30 / 2025 Transaction ID : 7999500		
Mailing Address 947 Montgomery St Apt 5C			Amount of Each Receipt this Period 100.00		
City Brooklyn	State NY	Zip Code 11213-5728	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 260.00		
Name of Employer (for Individual) BHRAGS Home Care		Occupation (for Individual) Home Health Aide	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....▶	260.00
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 29
	<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 SEIU United Healthcare Workers East Federal Political Action Fund

A. Campollo, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 S 1st St
 Apt 33F
 City Brooklyn State NY Zip Code 11249-4315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maimonides Medical Center Occupation (for Individual) Speech Language Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 16 / 2025
Transaction ID : 7999507
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Campollo, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 S 1st St
 Apt 33F
 City Brooklyn State NY Zip Code 11249-4315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maimonides Medical Center Occupation (for Individual) Speech Language Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2025
Transaction ID : 7999508
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Campollo, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 S 1st St
 Apt 33F
 City Brooklyn State NY Zip Code 11249-4315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maimonides Medical Center Occupation (for Individual) Speech Language Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2025
Transaction ID : 7999509
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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 OF 29
	<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 SEIU United Healthcare Workers East Federal Political Action Fund

A. Campollo, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 S 1st St
 Apt 33F
 City Brooklyn State NY Zip Code 11249-4315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maimonides Medical Center Occupation (for Individual) Speech Language Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 24 / 2025**
Transaction ID : 7999510
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Campollo, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 S 1st St
 Apt 33F
 City Brooklyn State NY Zip Code 11249-4315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maimonides Medical Center Occupation (for Individual) Speech Language Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 22 / 2025**
Transaction ID : 7999511
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Casco, Janice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8548 98th St
 City Woodhaven State NY Zip Code 11421-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montefiore Hospital Occupation (for Individual) Senior Physician Assistant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 10 / 2025**
Transaction ID : 7999495
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 9 OF 29
<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 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Casco, Janice, , ,		Date of Receipt
Mailing Address 8548 98th St		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2025"/>
City Woodhaven	State NY	Zip Code 11421-1730
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 7999496
Name of Employer (for Individual) Montefiore Hospital		Occupation (for Individual) Senior Physician Assistant
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="125.00"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ghobrial, Mina, , ,		Date of Receipt
Mailing Address 61 -27 69 PI		<input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2025"/>
City Middle Village	State NY	Zip Code 11379
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 7999501
Name of Employer (for Individual) PAGNY - Correctional Health		Occupation (for Individual) Pharmacist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="750.00"/>	Amount of Each Receipt this Period <input type="text" value="125.00"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ghobrial, Mina, , ,		Date of Receipt
Mailing Address 61 -27 69 PI		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2025"/>
City Middle Village	State NY	Zip Code 11379
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 7999502
Name of Employer (for Individual) PAGNY - Correctional Health		Occupation (for Individual) Pharmacist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="750.00"/>	Amount of Each Receipt this Period <input type="text" value="125.00"/>
<input type="checkbox"/> Memo Item		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="375.00"/>
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 10 OF 29
<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 SEIU United Healthcare Workers East Federal Political Action Fund

A. Ghobrial, Mina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 -27 69 PI
 City Middle Village State NY Zip Code 11379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAGNY - Correctional Health Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2025
Transaction ID : 7999503
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Ghobrial, Mina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 -27 69 PI
 City Middle Village State NY Zip Code 11379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAGNY - Correctional Health Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2025
Transaction ID : 7999504
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Ghobrial, Mina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 -27 69 PI
 City Middle Village State NY Zip Code 11379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAGNY - Correctional Health Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2025
Transaction ID : 7999505
 Amount of Each Receipt this Period
 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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 11 OF 29
(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 SEIU United Healthcare Workers East Federal Political Action Fund

A. Ghobrial, Mina, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 61 -27 69 PI
City Middle Village State NY Zip Code 11379
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) PAGNY - Correctional Health Occupation (for Individual) Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2025
Transaction ID : 7999506
Amount of Each Receipt this Period
125.00
 Memo Item

B. Memminger, Tommie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 100 Co Op City Blvd Apt 12H
City Bronx State NY Zip Code 10475-3852
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Retired Occupation (for Individual) Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 02 / 2025
Transaction ID : 7999489
Amount of Each Receipt this Period
40.00
 Memo Item

C. Memminger, Tommie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 100 Co Op City Blvd Apt 12H
City Bronx State NY Zip Code 10475-3852
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Retired Occupation (for Individual) Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025
Transaction ID : 7999490
Amount of Each Receipt this Period
40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 205.00
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 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
1199 SEIU United Healthcare Workers East Federal Political Action Fund

A. Memminger, Tommie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Co Op City Blvd Apt 12H
 City Bronx State NY Zip Code 10475-3852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **03 / 03 / 2025**
Transaction ID : 7999491
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Memminger, Tommie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Co Op City Blvd Apt 12H
 City Bronx State NY Zip Code 10475-3852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **04 / 01 / 2025**
Transaction ID : 7999492
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Memminger, Tommie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Co Op City Blvd Apt 12H
 City Bronx State NY Zip Code 10475-3852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **05 / 01 / 2025**
Transaction ID : 7999493
 Amount of Each Receipt this Period 40.00
 Memo Item

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 13 OF 29
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Memminger, Tommie, , ,

Mailing Address 100 Co Op City Blvd
Apt 12H

City Bronx State NY Zip Code 10475-3852

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2025

Transaction ID : 7999494

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 527 Old Bridge Tpke
Unit 4117

City East Brunswick State NJ Zip Code 08816-1963

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

Name of Employer (for Individual) 1199 National Benefit Fund Occupation (for Individual) Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2025

Transaction ID : 7999497

Amount of Each Receipt this Period
250.00

Memo Item

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

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	290.00
TOTAL This Period (last page this line number only).....	2000.00

**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 14 OF 29
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
1199 SEIU United Healthcare Workers East Federal Political Action Fund

A. Ciox Health

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

Mailing Address 1250 Broadway

City New York	State NY	Zip Code 10001-3701
------------------	-------------	------------------------

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 ▼
4910.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2025

Transaction ID : 8245683

Amount of Each Receipt this Period
2086.78

Memo Item

B. Ciox Health

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

Mailing Address 1250 Broadway

City New York	State NY	Zip Code 10001-3701
------------------	-------------	------------------------

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 ▼
4910.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2025

Transaction ID : 10428864

Amount of Each Receipt this Period
2823.78

Memo Item

Misdirected deposit of benefit fund contributions - see March 30, 2026 RFAI response

C. Seagate

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

Mailing Address 1487 Mcdonald Ave

City Brooklyn	State NY	Zip Code 11230-4667
------------------	-------------	------------------------

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 ▼
2641.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2025

Transaction ID : 8245690

Amount of Each Receipt this Period
2641.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	7551.56
TOTAL This Period (last page this line number only).....	7551.56

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA17

Transaction ID : 8245683

Misdirected benefit fund premiums

Form/Schedule: SA17

Transaction ID: 8245690

Misdirected credit union remittance

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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name (Last, First, Middle Initial)

A. 1199 SEIU

Mailing Address 498 Seventh Ave

City
New York

State
NY

Zip Code
10018

Purpose of Disbursement

Staff compensation for phone calls and texting

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2025

FEC Identification Number

C [REDACTED]

Transaction ID : 500177093

Amount of Each Disbursement this Period

[REDACTED] 118048.65

Memo Item

Full Name (Last, First, Middle Initial)

B. 1199 SEIU

Mailing Address 498 Seventh Ave

City
New York

State
NY

Zip Code
10018

Purpose of Disbursement

Member Political Engagement Program

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2025

FEC Identification Number

C [REDACTED]

Transaction ID : 500177805

Amount of Each Disbursement this Period

[REDACTED] 188719.94

Memo Item

Full Name (Last, First, Middle Initial)

C. Federal Election Commission

Mailing Address 1050 1st St NE

City
Washington

State
DC

Zip Code
20002-5859

Purpose of Disbursement

Settlement Payment

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2025

FEC Identification Number

C [REDACTED]

Transaction ID : 500177803

Amount of Each Disbursement this Period

[REDACTED] 45000.00

Memo Item

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

[REDACTED] 351768.59

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

[REDACTED] 351768.59

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name (Last, First, Middle Initial)

A. 1199 SEIU Mass Pac

Mailing Address 498 7th Ave
FI 24

City
New York

State
NY

Zip Code
10018-6725

Purpose of Disbursement
Transfer to Affiliated PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	2	5

FEC Identification Number

C []

Transaction ID : 500163427

Amount of Each Disbursement this Period

[] 246.76 []

Memo Item

Full Name (Last, First, Middle Initial)

B. 1199 SEIU Mass Pac

Mailing Address 498 7th Ave
FI 24

City
New York

State
NY

Zip Code
10018-6725

Purpose of Disbursement
Transfer to Affiliated PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	5

FEC Identification Number

C []

Transaction ID : 500163428

Amount of Each Disbursement this Period

[] 163.00 []

Memo Item

Full Name (Last, First, Middle Initial)

C. 1199 SEIU Mass Pac

Mailing Address 498 7th Ave
FI 24

City
New York

State
NY

Zip Code
10018-6725

Purpose of Disbursement
Transfer to Affiliated PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	5

FEC Identification Number

C []

Transaction ID : 500177801

Amount of Each Disbursement this Period

[] 88.00 []

Memo Item

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

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

[] 497.76 []

[] [] [] [] [] [] [] [] [] []

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name (Last, First, Middle Initial)

A. SEIU COPE FUND

Mailing Address 1800 Massachusetts Ave NW

City
Washington

State
DC

Zip Code
20036-1806

Purpose of Disbursement
Transfer to an Affiliated Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	5

FEC Identification Number

C C00004036

Transaction ID : 500163442

Amount of Each Disbursement this Period

1761029.44

Memo Item

Full Name (Last, First, Middle Initial)

B. SEIU COPE FUND

Mailing Address 1800 Massachusetts Ave NW

City
Washington

State
DC

Zip Code
20036-1806

Purpose of Disbursement
Transfer to an Affiliated Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	5

FEC Identification Number

C C00004036

Transaction ID : 500177808

Amount of Each Disbursement this Period

1728846.64

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

3489876.08

3490373.84

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 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 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name (Last, First, Middle Initial)

A. Tapia Cepeda, Niurka, , ,

Mailing Address 186 Parklawn Dr

City
Waterbury

State
CT

Zip Code
06708-2348

Purpose of Disbursement

Contribution Refund

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	5

FEC Identification Number

C

Transaction ID : 500177798

Amount of Each Disbursement this Period

310.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Valladares Rovelo, Eunice, G., ,

Mailing Address 300 BAILEY AVENUE 233 St
Apt B15

City
Bronx

State
NY

Zip Code
10463

Purpose of Disbursement

Contribution Refund

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	2	5

FEC Identification Number

C

Transaction ID : 500177799

Amount of Each Disbursement this Period

3861.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

4171.00

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

4171.00

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

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

FOR LINE NUMBER:
(check only one)

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

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name (Last, First, Middle Initial)

A. 1199 National Benefit Fund

Mailing Address 498 7th Ave

City
New York

State
NY

Zip Code
10018

Purpose of Disbursement

Transfer of misdirected benefit fund premiums

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	2	5		

FEC Identification Number

C []

Transaction ID : 500163441

Amount of Each Disbursement this Period

[] 2086.78

Memo Item

Full Name (Last, First, Middle Initial)

B. 1199 SEIU

Mailing Address 498 Seventh Ave

City
New York

State
NY

Zip Code
10018

Purpose of Disbursement

Transfer of misdirected member dues remittance

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C []

Transaction ID : 500163391

Amount of Each Disbursement this Period

[] 1502.50

Memo Item

Full Name (Last, First, Middle Initial)

C. 1199 SEIU

Mailing Address 498 Seventh Ave

City
New York

State
NY

Zip Code
10018

Purpose of Disbursement

Transfer of misdirected member dues remittance

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C []

Transaction ID : 500163392

Amount of Each Disbursement this Period

[] 6135.00

Memo Item

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

[] 9724.28

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)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name (Last, First, Middle Initial)

A. 1199 SEIU

Mailing Address 498 Seventh Ave

City New York State NY Zip Code 10018

Purpose of Disbursement
Transfer of misdirected member dues remittance

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2025

FEC Identification Number

C

Transaction ID : 500163399

Amount of Each Disbursement this Period

7157.50

Memo Item

Full Name (Last, First, Middle Initial)

B. 1199 SEIU

Mailing Address 498 Seventh Ave

City New York State NY Zip Code 10018

Purpose of Disbursement
Transfer of misdirected member dues remittance

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2025

FEC Identification Number

C

Transaction ID : 500163400

Amount of Each Disbursement this Period

1002.54

Memo Item

Full Name (Last, First, Middle Initial)

C. 1199 SEIU

Mailing Address 498 Seventh Ave

City New York State NY Zip Code 10018

Purpose of Disbursement
Transfer of misdeposited member initiation fees remittance

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2025

FEC Identification Number

C

Transaction ID : 500163429

Amount of Each Disbursement this Period

50.00

Memo Item

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

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

8210.04

**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)

1199 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name (Last, First, Middle Initial)

A. 1199 SEIU

Mailing Address 498 Seventh Ave

City
New York

State
NY

Zip Code
10018

Purpose of Disbursement
Transfer of mis-deposited payment

Candidate Name

Office Sought:
 House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	2	5

FEC Identification Number

C [REDACTED]

Transaction ID : 500174397

Amount of Each Disbursement this Period

[REDACTED] 40.01

Memo Item

Full Name (Last, First, Middle Initial)

B. 1199 SEIU

Mailing Address 498 Seventh Ave

City
New York

State
NY

Zip Code
10018

Purpose of Disbursement
Transfer of misdirected member dues remittance

Candidate Name

Office Sought:
 House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	5

FEC Identification Number

C [REDACTED]

Transaction ID : 500179634

Amount of Each Disbursement this Period

[REDACTED] 100.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 1199 SEIU

Mailing Address 498 Seventh Ave

City
New York

State
NY

Zip Code
10018

Purpose of Disbursement
Transfer of misdirected member dues remittance

Candidate Name

Office Sought:
 House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	2	5

FEC Identification Number

C [REDACTED]

Transaction ID : 500179626

Amount of Each Disbursement this Period

[REDACTED] 6519.74

Memo Item

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

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

[REDACTED] 6659.75

[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

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 SEIU United Healthcare Workers East Federal Political Action Fund

Full Name (Last, First, Middle Initial)

A. Richmond University Medical Center

Mailing Address 355 Bard Ave

City
Staten Island

State
NY

Zip Code
10310-1664

Purpose of Disbursement

Refund of excess remittance of payroll-deducted contributions

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	2	5

FEC Identification Number

C []

Transaction ID : 500163436

Amount of Each Disbursement this Period

[] 2497.43 []

Memo Item

Full Name (Last, First, Middle Initial)

B. Seagate

Mailing Address 1487 Mcdonald Ave

City
Brooklyn

State
NY

Zip Code
11230-4667

Purpose of Disbursement

Transfer of misdirected credit union remittance

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	5

FEC Identification Number

C []

Transaction ID : 500177807

Amount of Each Disbursement this Period

[] 2641.00 []

Memo Item

Full Name (Last, First, Middle Initial)

C. The Bridge

Mailing Address 290 Malcolm X Blvd
FI 3

City
New York

State
NY

Zip Code
10027-4991

Purpose of Disbursement

Refund of excess remittance of payroll-deducted contributions

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:

Date of Disbursement

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

FEC Identification Number

C []

Transaction ID : 500163395

Amount of Each Disbursement this Period

[] 984.63 []

Memo Item

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

[] 6123.06 []

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

[] 44652.13 []

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 29
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
1199 SEIU United Healthcare Workers East Federal Political Action Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express			Nature of Debt (Purpose): Catering expenses
Mailing Address PO Box 2855			
City New York	State NY	Zip Code 10008-2855	

Outstanding Balance Beginning This Period 240.00	Transaction ID : 1250000799	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 240.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Avis Rent-A-Car System Inc.			Nature of Debt (Purpose): Rental vehicle expense
Mailing Address 7876 COLLECTION CENTER Dr			
City Chicago	State IL	Zip Code 60693-0001	

Outstanding Balance Beginning This Period 1156.12	Transaction ID : 1250000800	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1156.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Enterprise Rent-A-Car			Nature of Debt (Purpose): Rental vehicle expense
Mailing Address PO Box 840173			
City Kansas City	State MO	Zip Code 64184-0173	

Outstanding Balance Beginning This Period 13004.18	Transaction ID : 1250000801	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 13004.18

1) SUBTOTALS This Period This Page (optional)..... ▶	14400.30
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 26 OF 29
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
1199 SEIU United Healthcare Workers East Federal Political Action Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mack Crouse Group			Nature of Debt (Purpose): Mailings
Mailing Address 2001 N Beauregard St Ste 420			
City Alexandria	State VA	Zip Code 22311-1750	

Outstanding Balance Beginning This Period <input type="text" value="3212.68"/>	Transaction ID : 1250000802	
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="3212.68"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Novak Media Inc.			Nature of Debt (Purpose): Radio buy & production
Mailing Address 159 W Main St			
City Webster	State NY	Zip Code 14580-2960	

Outstanding Balance Beginning This Period <input type="text" value="18850.00"/>	Transaction ID : 1250000803	
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="18850.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEIU Communications Center LLC			Nature of Debt (Purpose): Robo calls/phone bank calls
Mailing Address 330 W 42nd St			
City New York	State NY	Zip Code 10036-6902	

Outstanding Balance Beginning This Period <input type="text" value="26529.31"/>	Transaction ID : 1250000804	
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="26529.31"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="48591.99"/>
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)	PAGE 27 OF 29
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
1199 SEIU United Healthcare Workers East Federal Political Action Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Standard Modern Company			Nature of Debt (Purpose): Doorhangers
Mailing Address 47 Pleasant St			
City Brockton	State MA	Zip Code 02301-3998	

Outstanding Balance Beginning This Period <input type="text" value="598.89"/>	Transaction ID : 1250000805	
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="598.89"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SVM, LP			Nature of Debt (Purpose): Gas cards
Mailing Address 185 N Franklin St			
City Chicago	State IL	Zip Code 60606-1929	

Outstanding Balance Beginning This Period <input type="text" value="3126.47"/>	Transaction ID : 1250000806	
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="3126.47"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Union Travel Mastercard			Nature of Debt (Purpose): Catering expenses
Mailing Address PO Box 88000			
City Baltimore	State MD	Zip Code 21288	

Outstanding Balance Beginning This Period <input type="text" value="17929.20"/>	Transaction ID : 1250000807	
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="17929.20"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="21654.56"/>
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)	PAGE 28 OF 29
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
1199 SEIU United Healthcare Workers East Federal Political Action Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1199 SEIU			Nature of Debt (Purpose): Staff compensation for phone calls and texting
Mailing Address 498 Seventh Ave			
City New York	State NY	Zip Code 10018	

Outstanding Balance Beginning This Period <input type="text" value="118048.65"/>	Transaction ID : 1250000809	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="118048.65"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bauer, Jenny, , ,			Nature of Debt (Purpose): Reimbursement for catering expenses
Mailing Address 2 Wolcott Park			
City Medford	State MA	Zip Code 02155-3720	

Outstanding Balance Beginning This Period <input type="text" value="43.65"/>	Transaction ID : 1250000810	
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"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Carino, Lillie, , ,			Nature of Debt (Purpose): Reimbursement for travel expenses
Mailing Address 327 Saint Nicholas Ave			
City New York	State NY	Zip Code 10027-3608	

Outstanding Balance Beginning This Period <input type="text" value="45.00"/>	Transaction ID : 1250000811	
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"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="88.65"/>
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)	PAGE 29 OF 29
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
1199 SEIU United Healthcare Workers East Federal Political Action Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pechtel, Antonella, , ,			Nature of Debt (Purpose): Reimbursement for catering expenses
Mailing Address 401 Rose Ave			
City Schenectady	State NY	Zip Code 12308	

Outstanding Balance Beginning This Period		Transaction ID : 1250000812	
<input type="text" value="201.39"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="201.39"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
<input type="text"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
<input type="text"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="201.39"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="84936.89"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="84936.89"/>